Conclusion

WinRho immunoglobulin may present an attractive alternative for treatment of ITP, especially in light of the current setting of severe supply problems for IGIV, thus reserving IGIV for non-ITP applications. Further advantages include possibly lower cost and more convenient infusion logistics.

References

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Aldesleukin (Proleukin,® Interleukin-2, Chiron Corporation) — New Indication for Melanoma

On January 9, 1998, Chiron Corporation received approval from the Food and Drug Administration to market Proleukin (aldesleukin/interleukin-2) for the treatment of patients with metastatic melanoma, thus expanding the labeled indications for aldesleukin from the previous single indication for renal cell carcinoma. This action followed the unanimous recommendation of the Oncology Drug Advisory Panel (ODAC) of the FDA on December 19, 1997, to expand the indications of aldesleukin. As per the letter to Chiron from the FDA, dated January 9, 1998, the new package insert labeling may include the new indication as well as updated response data for metastatic renal cell carcinoma patients, revised pharmacokinetics information, and adverse reactions, precautions, and warning sections. In that same letter the FDA acknowledged the commitments of Chiron, in a letter from Chiron to the FDA dated January 7, 1998, to obtain clinical data, including support of clinical studies, on the use of lower-dose regimens of aldesleukin as a single agent, in alternative regimens, and/or in combinations with other chemotherapeutic agents and, if the data demonstrate potential clinical benefit or if the data are inconclusive, to undertake further studies. The FDA also advised Chiron to submit data which demonstrate significant clinical benefit as a supplement to the existing license and to follow up on those metastatic renal cell carcinoma and metastatic melanoma patients who have either responded to aldesleukin therapy or who were alive at the most recent follow-up, at 2-year intervals. Although transcripts of the December 19, 1997, ODAC meeting are not yet available for review, the advisory committee's recommendation was most likely based on the growing clinical data for treatment of melanoma patients with aldesleukin in the following regimens: aldesleukin alone; aldesleukin + interferon-alfa; aldesleukin + chemotherapy; aldesleukin + chemotherapy + interferon-alfa.

Aldesleukin as a single agent

Several studies describe the use of aldesleukin as single-agent therapy for metastatic melanoma. Rosenberg et al initially developed what can be referred to as the "high-dose" regimen of 600,000-720,000 IU/kg IV q 8h. This regimen, although toxic, has yielded a number of durable complete remissions.[1,2] The original report was recently updated to reflect that 19 patients (of the original 24 responders) still had complete regression of disease for 46-137 months.[3] Of note, as Rosenberg pointed out, treatment-related morbidity with this regimen decreased substantially with increased experience, from a treatment mortality of 3% in the first 155 patients to no treatment-related mortality in the 775 consecutive patients treated from May 1989 through January 1997.[3] Durable responses have also been seen with lower-dose single-agent regimens such as 12 x 10^6 IU/m^2/day continuous infusion, 4 days every week for 4 weeks, although these continuous infusion regimens also require the added expense of adding albumin to the infusion container to prevent adsorption of the aldesleukin protein to the infusion bag and/or infusion set.[4]

Aldesleukin + chemotherapy

Several studies have combined aldesleukin with various chemotherapy regimens in an effort to improve upon the generally dismal success rate of single or combination chemotherapy regimens in this disease state. Flaherty et al studied dacarbazine 750 mg/m^2 day 1 and cisplatin 100 mg/m^2 day 1 with an outpatient aldesleukin regimen of 24 x 10^6 IU/m^2 daily as a 15-30 minute infusion on days 12-16 and 19-23 of a 28-day regimen for three cycles, followed by treatment every 42 days in responders.[5] Three of 32 patients (9%) were alive and in durable complete remission at 32, 36, and 42 months at the time the results were published following an initial overall response rate of 41%.[5] The authors concluded that aldesleukin and other immunotherapies can add to the efficacy of chemotherapy in this disease if the additional agents have non-overlapping toxicities.

Aldesleukin + interferon-alfa

Combination biotherapy has been explored in several trials combining aldesleukin and interferon-alfa in various inpatient and outpatient regimens and at various doses, achieving overall response rates in trials of 30-60 patients of 5-41%.[6,7] Because different regimens were employed, the optimal dose and treatment schedules have not yet been defined. Toxicities varied and were occasionally severe, but were manageable and consistent with expected toxicities of each drug.

Aldesleukin + chemotherapy + interferon-alfa

Legha et al studied aldesleukin in combination with cisplatin, vinblastine, dacarbazine, and interferon-alfa.[8] The regimen used was aldesleukin, 9 x 10^6 IU/m^2/day x 4 days as a continuous IV infusion, interferon-alfa 5 x 10^6 U/m^2/day x 5 days SQ, cisplatin 20mg/m^2/day x 4 days, vinblastine 1.6mg/m^2/day x 5 days, and dacarbazine 800mg/m^2/day x 1 day. In a complex schema, patients received either alternating or sequential biochemotherapy regimens.

Continued on the following page

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Toxicities were severe but manageable, and the complete responses were durable at the time of publication of the data.

Summary

A meta analysis, based on a systematic review of the published literature, was presented by Allen et al at the 1997 ASCO meeting.[9] These investigators examined 168 eligible studies involving 7,711 subjects. Although their entire data compilation will not be recapitulated here, there was a highly statistically significant difference ($p < 0.0001$) in favor of combination aldesleukin + chemotherapy + interferon-alfa regimens.

Conclusion

Metastatic melanoma patients historically have a dismal prognosis, with suboptimal and/or short-lived responses to the best available chemotherapy regimens. The approval by the FDA of revised labeling for Proleukin provides further validation of the use of immunotherapy for this unfortunate patient group. Toxicities of aldesleukin either alone or in combination with chemotherapy or chemotherapy plus other immunotherapy, can be severe but manageable. The literature strongly suggests that the experience of the treatment team is important in minimizing and responding to treatment-related toxicities. Aldesleukin and other biologic agents require careful handling to prevent drug product degradation which might impair efficacy, and those using these agents are cautioned to carefully review the package insert and accompanying literature to verify proper handling techniques.

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ASCO Clinical Practice Guidelines for Unresectable Non-Small-Cell Lung Cancer

A clinical practice guideline for the treatment of unresectable non-small-cell lung cancer (NSCLC) was adopted by the American Society of Clinical Oncology at their 1997 annual meeting in Denver and published in the *Journal of Clinical Oncology*. These evidence-based guidelines were the result of the work of an expert multidisciplinary panel. Their objective was to determine a comprehensive protocol for the diagnostic evaluation, treatment, and follow-up care of patients with unresectable stage III and IV NSCLC. The expert panel emphasized that the guidelines are intended for the care of patients outside the context of clinical trials. The following is a summarization of the drug treatment portion of these guidelines:

- Chemotherapy plus definitive-dose radiation therapy is appropriate treatment for selected patients with unresectable, locally advanced NSCLC. It has been shown to prolong survival in patients with stage III disease. Data from a meta-analysis of randomized trials of radiation with or without chemotherapy has shown that the addition of chemotherapy led to a 13% reduction in the risk of death. Chemotherapy is also appropriate for selected patients with stage IV disease. While chemotherapy is not curative in this setting, it improves median survival when compared to best supportive care. Cisplatin-based chemotherapy trials appear to provide the best evidence to support this claim. Significant data to support an improvement in quality of life (QOL) in patients with unresectable stage III or IV disease treated with chemotherapy are lacking.

Regarding patient selection, patients with unresectable stage III disease who have a good performance status (ECOG performance status 0 or 1, and possibly 2) have a better response to chemotherapy plus radiation when compared with radiation alone. In stage IV disease, chemotherapy is also more effective in those individuals with good performance status.

A platinum-based combination chemotherapy regimen is recommended over any other type of chemotherapy regimen for the treatment of NSCLC. Vinca alkaloid-based therapy may also provide a survival benefit, but treatment with an older alkylating-agent-based regimen may prove detrimental to many patients, and is not recommended. In addition, it appears that combination regimens are more beneficial than single agent therapies.

The duration of chemotherapy should be two to eight cycles for patients with unresectable stage III NSCLC who receive combined chemo-radiotherapy. However, the optimal duration of chemotherapy has not been well studied. The Panel consensus for patients with stage IV disease is that no more than eight cycles of chemotherapy should be administered.

Chemotherapy is best initiated as soon as possible after the diagnosis of unresectable stage III NSCLC. In patients with stage IV disease, if it is to be used, chemotherapy should be started while the patient has the best possible performance status.

The use of second-line chemotherapy in nonresponding or progressing patients with advanced NSCLC is debatable. It may be appropriate for patients with good performance status who are not candidates for investigational studies or who experience a long progression-free interval off treatment.

The role of investigational agents or regimens as initial treatment for selected patients with stage IV disease is appropriate provided that they receive a known-to-be active treatment regimen if they have not responded after two cycles of the investigational therapy.

(J Clin Oncol 1997;15(8):2996-3018.)

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ONCOLOGY THERAPEUTICS NETWORK

Sourcebook Update. Fall/Winter 1997/98 Product And Pricing Changes

CATALOG NUMBER	BRAND NAME	ITEM	UNIT SIZE	PRICE/ UNIT	CHANGES
200-500	Proleukin	Aldesleukin, powder (Interleukin-2)	.22 MIU	$404.50	▼
920-100	Rocephin	Ceftriaxone Sodium, powder	500 mg	$22.35	▲
920-110	Rocephin	Ceftriaxone Sodium, powder	1000 mg	$38.25	▲
920-120	Rocephin	Ceftriaxone Sodium, powder	2000 mg	$76.00	▲
920-210	Vistide	Cidofovir, injection, (75 mg/5ml)	5 ml	$651.50	▲
899-998	Abbott	Cimetidine HCl, solution (150 mg/ml) (x10)	2 ml	$1.40	NEW
215-000	Leustatin	Cladribine, solution (1 mg/mL)	10 mg	$482.50	▲
800-631	Neosar	Cyclophosphamide, powder	1000 mg	$16.30	▼
800-641	Neosar	Cyclophosphamide, powder	2000 mg	$30.80	▼
805-100	Cytosar-U	Cytarabine, powder	100 mg	$3.50	▼ Cost Change
805-105	Cytosar-U	Cytarabine, powder	500 mg	$11.00	▼ Cost Change
805-110	Cytosar-U	Cytarabine, powder	1000 mg	$21.00	▼ Cost Change
805-120	Cytosar-U	Cytarabine, powder	2000 mg	$42.00	▼ Cost Change
240-310	DDAVP	Desmopressin Acetate, solution (4mcg/ml)(x10)	4 mcg amp	$26.60	▲
902-250	Zinecard	Dexrazoxane for injection	250 mg	$125.25	▲
902-260	Zinecard	Dexrazoxane for injection	500 mg	$250.50	▲
840-500	McKesson	Diphenhydramine HCl, solution (50 mg/mL)	500 mg MDV	$8.50	▲
840-500	Bergen	Diphenhydramine HCl, solution (50 mg/mL)	500 mg MDV	$8.50	▲
201-120	Taxotere	Docetaxel for injection	20 mg	$228.25	▲
201-180	Taxotere	Docetaxel for injection	80 mg	$912.00	▲
900-250	Anzemet	Dolasetron mesylate, solution	100 mg	$70.00	NEW
970-300	Anzemet	Dolasetron mesylate, tablets, 5/PK	100 mg	$289.75	NEW
970-305	Anzemet	Dolasetron mesylate, tablets, 5/BTL	100 mg	$289.75	NEW
970-310	Anzemet	Dolasetron mesylate, tablets, 10/BTL	100 mg	$579.50	NEW
101-100	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	10 mg	$10.20	▼
101-110	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	20 mg	$20.40	▼
101-120	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	50 mg	$40.90	▼
101-130	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	75 mg	$61.35	▼
101-150	Adriamycin PFS	Doxorubicin HCl, solution (2 mg/mL)	200 mg MDV	$163.50	▼
801-105	Adriamycin RDF	Doxorubicin HCl, RDF powder	10 mg	$9.70	▼
801-115	Adriamycin RDF	Doxorubicin HCl, RDF powder	20 mg	$19.40	▼
801-125	Adriamycin RDF	Doxorubicin HCl, RDF powder	50 mg	$39.00	▼
801-145	Adriamycin RDF	Doxorubicin HCl, RDF powder	150 mg	$117.00	▼
840-960	Lovenox	Enoxaparin Sodium, syringe(x10)	30 mg /0.3mL	$16.95	▲
223-400	Procrit	Epoetin Alfa (x6)	10000 units/mL	$99.70	▲
223-590	Procrit	Epoetin Alfa (x25)	10000 units/mL	$99.70	▲
223-595	Procrit	Epoetin Alfa (x6)	20000 units/1 mL	$197.80	▲
223-405	Procrit	Epoetin Alfa (x6)	20000 units/2 mL	$197.80	▲
901-300	FUDR	Floxuridine, powder	500 mg	$130.70	▲
840-150	Romazicon	Flumazenil, solution (0.1mg/ml) (X10)	0.5 mg MDV	$31.80	▲
840-160	Romazicon	Flumazenil, solution (0.1 mg/ml) (X10)	1 mg MDV	$50.55	▲
920-200	Cytovene	Ganciclovir Sodium, powder (x25)	500 mg	$32.70	▼
800-902	Gemzar	Gemcitabine HCl	200 mg	$66.05	▲
800-910	Gemzar	Gemcitabine HCl	1 gm	$330.15	▲
222-105	Leukine	GM-CSF (Sargramostim), lyophilized powder (x5)	250 mcg	$105.10	▲
222-116	Leukine	GM-CSF (Sargramostim), solution (x5)	500 mcg	$210.25	▲
901-500	Zoladex	Goserelin Acetate, implant	3.6 mg syringe	$391.00	▲
901-510	Zoladex	Goserelin Acetate, implant	10.8mg syringe	$1,175.00	▲
102-305	Idamycin	Idarubicin, solution	5 mg	$267.00	NEW
102-310	Idamycin	Idarubicin, solution	10 mg	$534.00	NEW
102-320	Idamycin	Idarubicin, solution	20 mg	$1,068.00	NEW
902-300	Idamycin	Idarubicin HCl, powder	5 mg	$267.00	▲
902-310	Idamycin	Idarubicin HCl, powder	10 mg	$534.00	▲
847-010	Gammar P	Immune Globulin IV 5%	1 gm	$30.75	▲
847-025	Gammar P	Immune Globulin IV 5%	2.5 gm	$96.00	▲
847-050	Gammar P	Immune Globulin IV 5%	5 gm	$192.00	▲
847-100	Gammar P	Immune Globulin IV 5%	10 gm	$384.00	▲
851-025	Venoglobulin S	Immune Globulin IV, 5% solvent detergent, 2.5 gm	50 mL	$130.75	▲
851-050	Venoglobulin S	Immune Globulin IV, 5% solvent detergent, 5 gm	100 mL	$261.50	▲
851-100	Venoglobulin S	Immune Globulin IV, 5% solvent detergent, 10 gm	200 mL	$523.50	▲
143-050	Venoglobulin S	Immune Globulin IV, 10% solvent detergent, 5 gm	50 mL	$257.00	▲

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

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CATALOG NUMBER	BRAND NAME	ITEM	UNIT SIZE	PRICE/ UNIT	CHANGES
143-100	Venoglobulin	Immune Globulin IV, 10% solvent detergent, 10 gm	100 mL	$510.00	▲
143-200	Venoglobulin S	Immune Globulin IV, 10% solvent detergent, 20 gm	200 mL	$1,026.00	▲
220-100	Roferon-A	Intaferon alfa 2a, solution (3 MIU/mL)	3 MIU	$32.30	▲
220-105	Roferon-A	Interferon alfa 2a, solution (10 MIU/mL)	9 MIU	$96.80	▲
220-110	Roferon-A	Interferon alfa 2a, solution (6 MIU/mL)	18 MIU	$193.50	▲
220-120	Roferon-A	Interferon alfa 2a, solution (36 MIU/mL)	36 MIU	$387.00	▲
220-405	Infergen	Interferon alfacon-1 9 mcg (X6)	0.3 ml	$31.95	NEW
220-400	Infergen	Interferon alfacon-1 15 mcg (X6)	0.5 ml	$53.25	NEW
901-292	Camptosar	Irinotecan HCl (20 mg/ml)	2 ml	$171.50	NEW
841-370	Toradol	Ketorolac Tromethamine, solution (15 mg/mL)(x10)	15 mg syr	$8.20	▲
841-380	Toradol	Ketorolac Tromethamine, solution (30 mg/mL)(x10)	30 mg syr	$8.60	▲
841-390	Toradol	Ketorolac Tromethamine, solution (30 mg/mL)(x10)	60 mg syr	$9.20	▲
240-100	Abbott	Leucovorin Calcium Preditute (10 mg/ml)	10 ml	$4.00	NEW
240-250	Abbott	Leucovorin Calcium Preditute (10 mg/ml)	25 ml	$10.00	NEW
261-020	Abbott	Lorazepam, solution (2 mg/ml), C-IV (X25)	20 mg MDV	$32.00	No Longer Avail.
261-025	Abbott	Lorazepam, solution (2 mg/ml), C-IV	20 mg MDV	$32.00	NEW
910-100	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mg/ml)	2.5 ml	$93.55	▼
910-110	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mg/ml)	10 ml	$352.25	▼
910-100	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mg/ml)	2.5 ml	$102.00	▲
910-110	Depo-Provera	Medroxyprogesterone Acetate, solution (400 mg/ml)	10 ml	$384.00	▲
960-000	IV Alkeran	Melphalan HCl, powder	50 mg	$306.50	▲
960-010	Alkeran	Melphalan HCl, tablets, 2 mg	50 per bottle	$89.20	▲
840-550	A-methaPred	Methylprednisolone Sod. Succ. w/1 ml diluent (x10)	40 mg	$2.45	▲
840-555	A-methaPred	Methylprednisolone Sod. Succ. w/2 ml diluent (x10)	125 mg	$4.70	▲
840-560	A-methaPred	Methylprednisolone Sod. Succ. w/4 ml diluent (x10)	500 mg	$10.00	▲
840-565	A-methaPred	Methylprednisolone Sod. Succ. w/8 ml diluent (x10)	1000 mg	$17.80	▲
960-300	Versed	Midazolam, solution (1mg/ml), C-IV (x10)	2 mg	$49.20	▲
960-310	Versed	Midazolam, solution (5mg/ml), C-IV (x10)	5 mg	$108.15	▲
224-100	Sandostatin	Octreotide Acetate, solution (50 mcg/mL)	50 mcg amp	$5.30	▲
224-200	Sandostatin	Octreotide Acetate, solution (100 mcg/mL)	100 mcg amp	$9.85	▲
224-300	Sandostatin	Octreotide Acetate, solution (500 mcg/mL)	500 mcg amp	$47.15	▲
224-225	Sandostatin	Octreotide Acetate (200 mcg/mL)	5 mL MDV	$109.75	▲
224-240	Sandostatin	Octreotide Acetate (1 mg/mL)	5 mL MDV	$539.75	▲
900-105	Zofran	Ondansetron HCl, oral susp 4mg/5mL	50mL bottle	$130.50	▲
970-043	Zofran Tablets	Ondansetron HCl,tablets, 4 mg	3 per bottle	$39.10	▲
970-430	Zofran Tablets	Ondansetron HCl,tablets, 4 mg	30 per bottle	$383.00	▲
970-410	Zofran Tablets	Ondansetron HCl,tablets, 4 mg	100 per bottle	$1,303.00	▲
970-083	Zofran Tablets	Ondansetron HCl,tablets,8 mg	3 per bottle	$65.10	▲
970-830	Zofran Tablets	Ondansetron HCl,tablets,8 mg	30 per bottle	$683.00	▲
970-810	Zofran Tablets	Ondansetron HCl,tablets,8 mg	100 per bottle	$2,171.00	▲
222-200	Neumega	Oprelvekin, powder	5 mg	$192.55	NEW
222-207	Neumega	Oprelvekin, powder (x7)	5 mg	$192.55	NEW
900-400	Taxol	Paclitaxel, solution (6 mg/ml)	30 mg MDV	$140.26	Call# Change
900-450	Taxol	Paclitaxel, solution (6 mg/ml)	100 mg MDV	$467.53	Call# Change
840-200	Aredia	Pamidronate Disodium, powder	30 mg	$203.00	▲
840-260	Aredia	Pamidronate Disodium, powder	60 mg	$399.50	▲
840-290	Aredia	Pamidronate Disodium, powder	90 mg	$579.00	▲
200-150	Oncaspar	Pegaspargase, solution (750IU/mL)	5 mL	$1,245.00	▲
240-000	Nipent	Pentostatin, powder	10 mg	$1,380.00	▼
841-635	Compazine	Prochlorperazine, solution (5 mg/ml)	10 ml MDV	$30.50	▲ Call# Change
223-700	Rituxan	Rituximab, solution	100 mg	$338.25	NEW
223-710	Rituxan	Rituximab, solution	500 mg	$1,690.75	NEW
202-400	Zanosar	Streptozocin, powder	1 g	$68.25	▼
202-400	Zanosar	Streptozocin, powder	1 g	$75.00	▲
202-500	Thioplex	Thiotepa, powder (x6)	15 mg	$82.50	▲
901-285	Hycamtin	Topotecan HCl, lyophilized powder (single vials)	4 mg	$443.00	▲
901-280	Hycamtin	Topotecan HCl, lyophilized powder (x5)	4 mg	$443.00	▲
800-050	Abbokinase Open-Cath	Urokinase, solution (5,000 IU/mL)	5000 IU	$54.35	▲Call# Change
800-090	Abbokinase Open-Cath	Urokinase, solution (5,000 IU/mL)	9000 IU	$93.80	▲Call# Change
208-101	Navelbine Injection	Vinorelbine Tartrate, solution (10 mg/mL)	1 mL	$58.05	▲
208-105	Navelbine Injection	Vinorelbine Tartrate, solution (10 mg/mL)	5 mL	$290.20	▲

▲-Reflects a price increase ▼ Reflects a price decrease · Reflects a product description change

Average Wholesale Prices and 1998 HCPCS Codes

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1998 Red Book* and the *March 1998 Red Book Update*. For drugs that have multiple manufacturers, the AWP for the product that OTN most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Sourcebook* for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	MARCH AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Proleukin®					
• Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	470.75	J9015	per 22 MIU
Ethyol®					
Amifostine	500 mg	17314-7253-03	322.92	J0207	per 500 mg
Fungizone®					
Amphotericin B Oral Suspension	24 mL	00087-1162-10	26.25	J9999*/J3490†	
Blenoxane®					
Bleomycin sulfate, pwd	15 units	00015-3010-20	304.60	J9040	per 15 units
	30 units	00015-3063-01	609.20	J9040	per 15 units
Paraplatin®					
Carboplatin, pwd	50 mg	00015-3213-30	93.46	J9045	per 50 mg
	150 mg	00015-3214-30	280.33	J9045	per 50 mg
	450 mg	00015-3215-30	840.99	J9045	per 50 mg
BiCNU®					
Carmustine, pwd w/diluent	100 mg	00015-3012-38	92.94	J9050	per 100 mg
Tagamet®					
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490†	
Platinol®-AQ					
Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	195.00	J9062	per 50 mg
	100 mg MDV	00015-3221-22	389.98	J9062	per 50 mg
Leustatin®					
• Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	516.00	J9065	per 1 mg
Cytoxan® Lyophilized					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan® Tablets					
Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	181.03	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	332.21	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	3,164.15	J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	6.00	J9100	per 100 mg
	100 mg	55390-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	23.06	J9110	per 500 mg
	500 mg	55390-0132-10	25.00	J9110	per 500 mg
	1 g	55390-0133-01	50.00	J9110	per 500 mg
	2 g	55390-0134-01	98.90	J9110	per 500 mg
DTIC-Dome®					
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
DaunoXome®					
Daunorubicin citrate liposomal, inj (1 mg/mL)	50 mg	56146-0301-01	287.50	J9999*/J3490†	per 50 mg
Cerubidine®					
Daunorubicin HCl, [illegible]	20 mg	55390-0281-10	168.50	J9150	per 10 mg
DDAVP®					
• Desmopressin Acetate, sol (4 mcg/mL)	1 mL	00075-2451-01	26.69	J2597	per 4 mcg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	12.00	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.84	J1100	up to 4 mg/mL
Zinecard™					
Dexrazoxane for injection	250 mg	00013-8715-62	152.39	J1190	per 250 mg
	500 mg	00013-8725-89	304.76	J1190	per 250 mg
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	3.60	J3360	up to 5 mg
	50 mg	00364-0825-54	18.15	J3360	up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	7.51	J1200	up to 50 mg
• Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV	00364-6531-54	9.00	J1200	up to 50 mg
	50 mg	00641-0376-25	0.69	J1200	up to 50 mg
Taxotere®					
Docetaxel for injection	20 mg	00075-8001-20	270.83	J9170	per 20 mg
	80 mg	00075-8001-80	1,083.26	J9170	per 20 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	MARCH AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Anzemet®					
Dolasetron mesylate, sol (20 mg/mL)	5 mL	00088-1206-3	149.88	J3490[1]	per 100 mg
Aphex®					
Doxorubicin, pwd	50 mg	00015-3352-22	197.15	J9000	per 10 mg
	100 mg	00015-3353-22	394.29	J9000	per 10 mg
Bedford Laboratories					
Doxorubicin, pwd	10 mg	55390-0231-10	45.08	J9000	per 10 mg
	20 mg	55390-0232-10	90.16	J9000	per 10 mg
	50 mg	55390-0233-01	225.40	J9000	per 10 mg
Doxorubicin, sol (2 mg/mL)	10 mg	55390-0235-10	47.35	J9000	per 10 mg
	20 mg	55390-0236-10	94.70	J9000	per 10 mg
	50 mg	55390-0237-01	236.74	J9000	per 10 mg
	200 mg MDV	55390-0238-01	945.98	J9000	per 10 mg
Adriamycin™					
Doxorubicin, RDF pwd	10 mg	00013-1086-91	48.76	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	243.80	J9000	per 10 mg
	150 mg MDV	00013-1116-83	716.76	J9000	per 10 mg
Doxorubicin, pls sol (2 mg/mL)	10 mg	00013-1136-91	51.21	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	256.06	J9000	per 10 mg
	75 mg	00013-1176-87	384.09	J9000	per 10 mg
	200 mg MDV	00013-1166-83	1,003.75	J9000	per 10 mg
DOXIL®					
Doxorubicin, HCl liposome inj, (2mg/mL)	20 mg	61471-0295-12	606.25	J9999*	
Procrit®					
Epoetin alfa	2,000 units/ mL	59676-0302-01	24.00	Q0136[1]	1,000 units
	3,000 units/ mL	59676-0303-01	36.00	Q0136[1]	1,000 units
	4,000 units/ mL	59676-0304-01	48.00	Q0136[1]	1,000 units
	10,000 units/ mL	59676-0310-01	120.00	Q0136[1]	1,000 units
	20,000 units/ 1 mL MDV	59676-0320-01	240.00	Q0136[1]	1,000 units
	20,000 units/ 2 mL MDV	59676-0312-01	240.00	Q0136[1]	1,000 units
VePesid® Capsules					
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	751.60	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	336.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 gm MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Etopophos®					
Etoposide phosphate for injection	100 mg	00015-3404-20	124.14	J9999*	per 100 mg
Fludara®					
Fludarabine phosphate, pwd	50 mg	50419-0511-06	196.50	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	13.25	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen®					
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0530-10	161.30	J1440	per 300 mcg
	480 mcg	55513-0546-10	256.90	J1441	per 480 mcg
Gemzar®					
Gemcitabine HCl	200 mg	00002-7501-01	79.10	J9201	per 200 mg
	1 g	00002-7502-01	395.51	J9201	per 200 mg
Leukine®					
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-33	126.04	J2820	per 50 mcg
	500 mcg	58406-0001-35	252.07	J2820	per 50 mcg
Zoladex®					
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	439.24	J9202	per 3.6 mg
	10.8 mg syringe	00310-0961-30	1,317.74	J9202	per 3.6 mg
Kytril®					
Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	177.40	J1626	per 100 mcg
	4 mL	00029-4152-01	709.60	J1626	per 100 mcg
Ifex®					
Ifosfamide	1 g	00015-0556-41	125.24	J9208	per 1 g
	3 g	00015-0557-41	375.71	J9208	per 1 g
Ifex®/Mesnex™					
Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	2,094.91	J9208/J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,256.88	J9208/J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	866.96	J9208/J9209	
Venoglobulin I					
Immune globulin intravenous, 5% pwd w/IV set	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Venoglobulin S					
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	225.00	J1561	per 500 mg
	5 g	49669-1613-01	450.00	J1561	per 500 mg
	10 g	49669-1614-01	900.00	J1561	per 500 mg

New J-Code for Gemzar©

REIMBURSEMENT

ONCOLOGY THERAPEUTICS NETWORK

PRODUCT	VIAL SIZE	NDC	MARCH AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Immune globulin intravenous, 10% sol w/IV set	5 g	49669-1622-01	475.00	J1562	per 5 g
	10 g	49669-1623-01	950.00	J1562	per 5 g
	20 g	49669-1624-01	1,900.00	J1562	per 5 g
Immune globulin intravenous, 10% sol w/IV set	1 g	00192-0649-12	75.00	J1561	per 500 mg
	5 g	00192-0649-20	375.00	J1562	per 5 g
	10 g	00192-0649-71	750.00	J1562	per 5 g
	20 g	00192-0649-24	1,500.00	J1562	per 5 g
	1 g	00026-0648-12	90.00		
	5 g	00026-0648-20	450.00		
	10 g	00026-0648-71	900.00		
	20 g	00026-0648-24	1,800.00		
Immune globulin intravenous, 5%-10% w/IV set	2.5 g	52769-0471-72	168.93	J1561 or J1562	
	5 g	52769-0471-75	337.86	J1561 or J1562	
	10 g	52769-0471-80	675.72	J1561 or J1562	
Rho D immune globulin intravenous	300 mcg	60492-0082-01	306.00	J3490*/J9999*	
	1,000 mcg	60492-0024-01	1,020.00	J3490*, J9999*	
Intron® A					
Interferon alfa 2b, solution HSA-free	3 MIU	00085-1184-01	33.92	J9214	per 1 MIU
	3 MIU PAK	00085-1184-02	33.92	J9214	per 1 MIU
	5 MIU	00085-1191-01	56.52	J9214	per 1 MIU
	5 MIU PAK	00085-1191-02	56.52	J9214	per 1 MIU
	10 MIU	00085-1179-01	113.04	J9214	per 1 MIU
	10 MIU PAK	00085-1179-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-0953-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-1133-01	282.62	J9214	per 1 MIU
Interferon alfa 2b, pwd	3 MIU MDV	00085-0647-03	33.92	J9214	per 1 MIU
	5 MIU MDV	00085-0120-02	56.52	J9214	per 1 MIU
	10 MIU MDV	00085-0571-02	113.04	J9214	per 1 MIU
	18 MIU MDV	00085-1110-01	203.47	J9214	per 1 MIU
	25 MIU MDV	00085-0285-02	282.62	J9214	per 1 MIU
	50 MIU MDV	00085-0539-01	565.21	J9214	per 1 MIU
Roferon® A					
• Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	197.56	J9213	per 3 MIU
• Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-2009-09	34.79	J9213	per 3 MIU
• Interferon alfa 2a, sol (6 MIU/mL)	6 MIU	00004-2007-09	69.56	J9213	per 3 MIU
• Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-2010-09	97.94	J9213	per 3 MIU
• Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-2011-09	208.56	J9213	per 3 MIU
• Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2012-09	417.17	J9213	per 3 MIU
Camptosar®					
Irinotecan HCl injection, CPT-11 (20 mg/mL)	2 mL	00009-7529-02	204.41	J9206	per 20 mg
	5 mL	00009-7529-01	511.04	J9206	per 20 mg
Leucovorin, pwd	50 mg	55390-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.53	J0640	per 50 mg
	100 mg	55390-0052-10	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	55390-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Lupron®					
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	566.88	J9217	per 7.5 mg
	22.5 mg	00300-3336-01	1,700.64	J9217	per 7.5 mg
• Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	9.85	J2060	per 2 mg
• Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	87.84	J2060	per 2 mg
• Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	109.66	J2060	per 2 mg
• Lorazepam, sol (2 mg/mL) w/ syringe	2 mg	00008-0581-02	10.39	J2060	per 2 mg
• Mannitol, 25% sol	50 mL	00074-4031-01	5.29	J2150	per 50 mL
Mustargen®					
• Mechlorethamine HCl powder	10 mg	00006-7753-31	10.48	J9230	per 10 mg
Megace®					
Megestrol acetate, [illegible] mg	100 per bottle	00015-0595-01	75.68		
Megestrol acetate, [illegible] mg	100 per bottle	00015-0596-41	134.96		
	250 per bottle	00015-0596-46	330.68		
	500 per bottle	00015-0596-45	647.88		
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	123.19		
Alkeran®					
• Melphalan hydrochloride, pwd	50 mg	00173-0130-93	333.28	J9245	per 50 mg
• Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00173-0045-35	95.12	J8600	2 mg
Mesnex®					
Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	162.71	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	20 mg	58406-0671-01	5.03	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	55390-0031-10	6.88	J9260	per 50 mg
	100 mg	55390-0032-10	8.75	J9260	per 50 mg
	200 mg	55390-0033-10	17.50	J9260	per 50 mg
	250 mg	55390-0034-10	26.88	J9260	per 50 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	MARCH AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0681-14	4.75	J9260	per 50 mg
	250 mg	58406-0681-17	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	362.95	J8610	2.5 mg
	36 per bottle	00555-0572-35	130.05	J8610	2.5 mg
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.30	J2765	up to 10 mg
Metoclopramide, pres. free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg
Mutamycin®					
Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg
Novantrone®					
Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	756.04	J9293	per 5 mg
	25 mg MDV	58406-0640-05	945.03	J9293	per 5 mg
	30 mg MDV	58406-0640-07	1,134.05	J9293	per 5 mg
Sandostatin®					
Octreotide Acetate, sol (50 mcg/mL)	50 mcg amp	00078-0180-03	5.21	J9999*/J3490†	
Octreotide Acetate, sol (100 mcg/mL)	100 mcg amp	00078-0181-03	9.54	J9999*/J3490†	
Octreotide Acetate, sol (500 mcg/mL)	500 mcg amp	00078-0182-03	43.62	J9999*/J3490†	
Zofran®					
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	244.43	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	24.45	J2405	per 1 mg
Ondansetron HCl, sol premixed (32 mg/50 mL D5W)	32 mg bag	00173-0461-00	206.41	J2405✚	per 1 mg
Neumega®					
Oprelvekin	5 mg	58394-004-01	235.00	J3490†	per 5 mg
TAXOL®					
Paclitaxel, semi-synthetic sol (6mg/ml)	30 mg	00015-3475-30	182.63	J9265	per 30 mg
	100 mg	00015-3476-30	608.76	J9265	per 30 mg
Aredia®					
Pamidronate disodium, pwd	30 mg	00083-2601-04	218.24	J2430	per 30 mg
	60 mg	00083-2606-01	428.97	J2430	per 30 mg
	90 mg	00083-2609-01	621.75	J2430	per 30 mg
Nipent®					
Pentostatin, pwd	10 mg	00071-4243-01	1,555.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	13.00	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	94.50		
Zantac®					
Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
Rituxan®					
Rituximab	100 mg	50242-050-21	397.50	J3490†/J9999	per 100 mg
Zanosar®					
Streptozocin, pwd	1 g	00009-0844-01	81.79	J9320	per 1 g
Vumon®					
Teniposide, 50 mg	5 mL amp	00015-3075-19	175.74	J9999*	per 50 mg
Thioplex®					
Thiotepa, pwd	15 mg	58406-0661-02	90.24	J9340	per 15 mg
Hycamtin®					
Topotecan HCl lyoph pwd	4 mg	00007-4201-01	529.30	J9350	per 4 mg
	4 mg, 5s	00007-4201-05	2,646.50	J9350	per 4 mg
Neutrexin®					
Trimetrexate glucuronate, pwd	25 mg, 10s ea.	58178-0020-10	633.60	J3305	per 25 mg
	25 mg, 50s ea.	58178-0020-50	3,037.20	J3305	per 25 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	56.26	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	98.12	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	55390-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
	1 mg	61703-0309-06	31.75	J9370	per 1 mg
	2 mg	00013-7456-86	74.13	J9375	per 2 mg
	2 mg	61703-0309-16	38.25	J9375	per 2 mg
Vincristine, preservative free sol (5 mg/mL)	50 mg	61703-0210-11	7.45	J9380	per 5 mg
	150 mg	61703-0210-31	20.30	J9380	per 5 mg
NAVELBINE®					
Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00173-0656-01	66.35	J9390	per 10 mg
	5 mL	00173-0656-44	331.78	J9390	per 10 mg

- [illegible] Stock or NDC that has changed or been added since publication is noted.
* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.
† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.
‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.
✚ J2405 should be used for all formulations of Zofran.

BULK RATE U.S. POSTAGE PAID MMS, Inc.

ADDRESS CORRECTION REQUESTED

ONCOLOGY THERAPEUTICS NETWORK

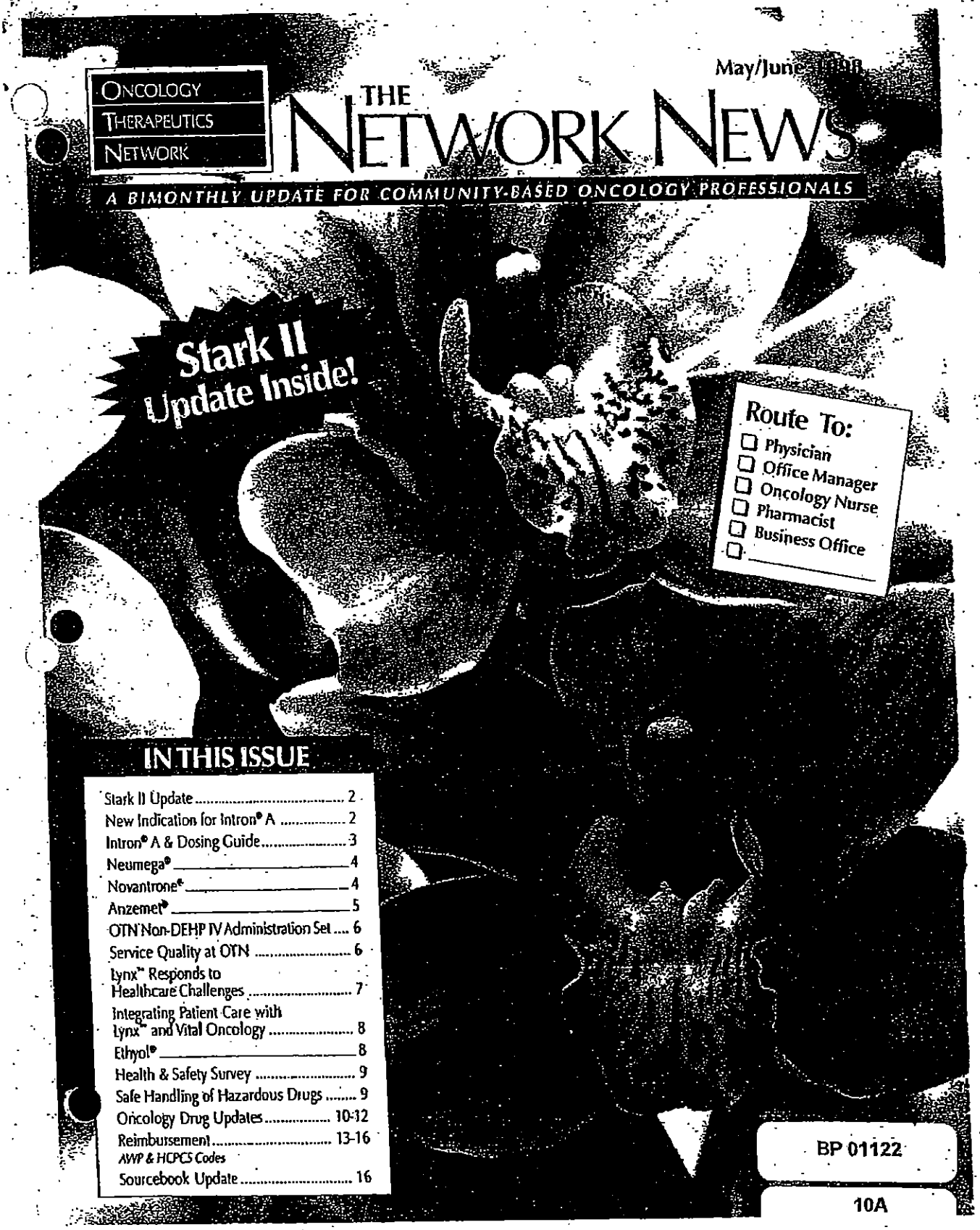
395 OYSTER POINT BLVD., SUITE 405
SOUTH SAN FRANCISCO, CA 94080

ONCOLOGY THERAPEUTICS NETWORK

May/June 1998

THE NETWORK NEWS

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS



IN THIS ISSUE

BP 01122

10A

ONCOLOGY THERAPEUTICS NETWORK

Stark II Update

Congratulations! It was reported that you and your colleagues are responsible for generating more than 10,000 letters to Health Care Financing Administration (HCFA) by the March 10th deadline in response to the Stark II regulations. Because of this overwhelming response, HCFA is aware of the magnitude of the problems that implementation of these changes would bring to bear and has extended the closing date for comments until May 11th. If you have not already done so, it is important that you send your comments by the new deadline. Letters from patients and nurses are particularly important and have a significant effect. It would be a good time to have someone in your practice educate a few select patients on these impending regulations and help them compose letters before the due date.

In late February, OTN provided our customers with a 14-page guide produced by the Association of Community Cancer Centers (ACCC) that included background information on Stark II as well as draft outlines of letters to send to HCFA and the addresses to which the letters should be sent. If you did not receive a guide and would like one, please call OTN at 1-800-482-6700 and ask the Customer Service Representative who answers your call to send or fax you the original 14-page Stark II information guide.

Members of ACCC, the American Society of Clinical Oncology (ASCO), and the Oncology Nursing Society (ONS) have played an active role in discussions with HCFA concerning Stark II. While there are several encouraging signs that show that progress is being made, it is too early to say that the issues are resolved. ACCC has prepared a four-page brief entitled "Update on Stark, APGs Battles." It also includes information on proposed new Medicare rules for Ambulatory Patient Groups (APGs). These proposed APG rules would limit payment for chemotherapy in the hospital outpatient setting to a single average payment (sometimes referred to as "one bucket") for nursing administration, chemotherapy, and supportive care drugs given to patients on a single day visit. If you did not receive a copy of this document and would like one, please call OTN at 1-800-482-6700 and ask to have the updated four-page Stark II guide sent or faxed to you.

Schering® Announces...

FDA Clearance of Intron® A for Non-Hodgkin's Lymphoma

Madison, NJ, November 10, 1997

Schering-Plough Corporation announced marketing clearance by the US Food and Drug Administration of Intron A for injection in conjunction with anthracycline-containing combination chemotherapy for the initial treatment of patients with clinically aggressive non-Hodgkin's lymphoma, a cancer of the lymphatic system. Intron A is the first and only biologic agent that has been shown to significantly prolong progression-free survival in previously untreated patients with follicular lymphoma.

Recommended dosing:

5 MIU TIW SC up to 18 months in conjunction with chemotherapy regimen.

The Network News is distributed by Oncology Therapeutics Network Corporation.

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

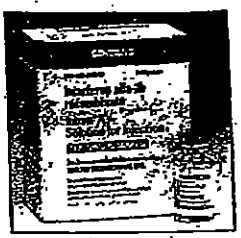
Comments and suggestions are welcome. Address them to: Stasia Iord, Editor, *The Network News*; Oncology Therapeutics Network; 675 Oyster Point Blvd., Suite 415, So. San Francisco, CA 94080.

Printed on recycled paper.

ONCOLOGY THERAPEUTICS NETWORK

Intron® A — HSA-Free —and— Original Formulation

(interferon alfa-2b, recombinant)*



Schering®

OTN offers Intron A in the following sizes and formulations:

HSA-FREE SOLUTION*

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-151	0085-1184-01	J9214	Intron A solution	3 MIU/0.5 mL	1	$31.30
220-161	0085-1191-01	J9214	Intron A solution	5 MIU/0.5 mL	1	$52.50
220-171	0085-1179-01	J9214	Intron A solution	10 MIU/1 mL	1	$104.40
220-191	0085-1168-01	J9214	Intron A solution	18 MIU/MDV	1	$187.90
220-194	0085-1133-01	J9214	Intron A solution	25 MIU/MDV	1	$261.00

HSA-FREE SOLUTION PAKS*

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-156	0085-1184-02	J9214	Intron A solution, Pak-3	3 MIU	6	$31.30
220-166	0085-1191-02	J9214	Intron A solution, Pak-5	5 MIU	6	$52.50
220-174	0085-1179-02	J9214	Intron A solution, Pak-10	10 MIU	6	$104.40

Paks include six vials, six syringes, and six alcohol swabs

* HSA-free formulation is recommended for intramuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

ORIGINAL FORMULATIONS**

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT
220-150	0085-0647-03	J9214	Intron A powder	3 MIU/MDV	1	$31.30
220-160	0085-0120-02	J9214	Intron A powder	5 MIU/MDV	1	$52.50
220-170	0085-0571-02	J9214	Intron A powder	10 MIU/MDV	1	$104.40
220-175	0085-0285-02	J9214	Intron A powder	25 MIU/MDV	1	$261.00
220-186	0085-1110-01	J9214	Intron A powder	18 MIU/MDV	1	$187.90
220-180	0085-0539-01	J9214	Intron A powder	50 MIU/MDV	1	$522.00

** Original formulation is recommended for intramuscular, subcutaneous, intralesional, or intravenous administration.

Intron A is a product in OTN's Price Matching Program

Intron A Dosing Guide

INDICATION	RECOMMENDED DOSAGE	RECOMMENDED VIAL SIZE
Chronic hepatitis C	3 MIU SC or IM TIW	3 MIU/0.5 mL or Pak-3 or 18 MIU MDV
Chronic hepatitis B	30 - 35 MIU/ week SC or IM (5 MIU qd or 10 MIU TIW x 16 weeks)	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10
Malignant melanoma	*Induction:* 20 MIU/m² IV 5 consecutive days/week x 4 weeks *Maintenance:* 10 MIU/m² TIW SC x 48 weeks	50 MIU powder/1.0 mL 18 MIU powder/1.0 mL
Hairy-cell leukemia	2 MIU/ m² SC or 1 MIU TIW	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10 or 18 MIU MDV
AIDS-related Kaposi's sarcoma	30 MIU/m² SC or IM TIW	50 MIU/1.0 mL powder
Condylomata acuminata	1 MIU TIW (alternate days) x 3 weeks	5 MIU/0.5 mL or Pak-5 or 10 MIU/1.0 mL or Pak-10

ONCOLOGY THERAPEUTICS NETWORK

NEW *from* GENETICS INSTITUTE

NEUMEGA® (Oprelvekin)

The first platelet growth factor available for the prevention of severe chemotherapy-induced thrombocytopenia—a reduction in platelets, blood components essential to the body's blood-clotting process.

Neumega is indicated for the prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy in patients with nonmyeloid malignancies at high risk for severe thrombocytopenia.

In clinical trials, apart from the condition of the underlying disease state, most adverse events associated with Neumega were mild to moderate in severity, associated with fluid retention, and reversible after discontinuation of dosing. The most common adverse events associated with Neumega treatment included peripheral edema, dyspnea, tachycardia, and conjunctival redness.

Convenient

- ✓ Easy to prepare, easy to inject
- ✓ Easy-to-store boxes
- ✓ No preservatives and free of human/animal blood or plasma products

Excellent Support

- ✓ Supported by a highly trained Genetics Institute oncology sales force
- ✓ The Neumega reimbursement hotline is available at 1-888-NEUMEGA

CATALOG NUMBER	NDC	BRAND NAME	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT	AWP
222-200	58394-004-01	Neumega	oprelvekin, sterile lyoph pwd with diluent	5 mg	1/box	$192.55	$235.00
222-207	58394-004-02	Neumega	oprelvekin, sterile lyoph pwd with diluent	5 mg	7/box	$192.55	$235.00

Call OTN today and place your order: 1-800-482-6700

Novantrone®

(mitoxantrone for injection concentrate)

From Immunex Corporation

NOVANTRONE® MITOXANTRONE For Injection Concentrate

Product Information

CATALOG NUMBER	NDC	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT*	AWP
902-200	58406-0640-03	Novantrone (2 mg/mL)	20 mg MDV	1	$696.00	$8[illegible]
902-210	58406-0640-05	Novantrone (2 mg/mL)	25 mg MDV	1	$869.50	$1[illegible]
902-220	58406-0640-07	Novantrone (2 mg/mL)	30 mg MDV	1	$1044.00	$1[illegible]

**Novatrone is a product in OTN's Price Matching Program*

Novantrone Product Support:

Novantrone Reimbursement Hotline **1-800-321-4669**
Medical Information **1-800-466-8639**
J Code ..... **J9293 per 5 mg**
ICD-9 Code (HRPC) **185**

Anzemet®
dolasetron mesylate

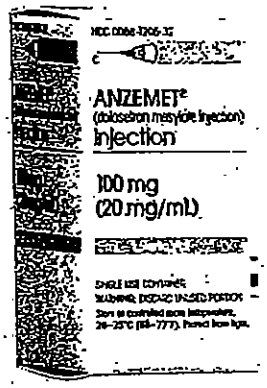
ONCOLOGY THERAPEUTICS NETWORK

A New 5-HT$_3$ Receptor Antagonist
from Hoechst Marion Roussel

Excellent Efficacy and Safety Profile

Dolasetron mesylate (Anzemet) received final approval from the FDA on October 17, 1997.

- Anzemet Injection is indicated for the prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including high-dose cisplatin.
- Anzemet Tablets are indicated for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses.



For more information on dosing and administration, please contact your OTN account representative or your Hoechst Marion Roussel representative.

Great Value!

CATALOG NUMBER	NDC	BRAND NAME	ITEM	UNIT SIZE	ORDER QUANTITY	PRICE/ UNIT	AWP
900-250	0088-1206-32	Anzemet	dolasetron mesylate	100 mg vial	1	$70.00	$149.88
970-305	0088-1203-05	Anzemet	dolasetron mesylate	100 mg tablets	5	$289.75	$330.00
970-300	0088-1203-29	Anzemet	dolasetron mesylate	100 mg tablets blister pack	5	$289.75	$330.00
970-310	0088-1203-43	Anzemet	dolasetron mesylate	100 mg tablets unit dose	10	$579.50	$660.00

Outstanding Support:

Reimbursement and Patient Assistance Program Hotline 1-888-895-2219

Call the Anzemet Hotline for help with reimbursement and patient assistance programs, Monday through Friday between 10:00 am and 6:00 pm ET.

Call OTN today at 1-800-482-6700 to place your order!

Visit our website! www.anzemet.com

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BP 01126

ONCOLOGY THERAPEUTICS NETWORK

Call OTN today and place your order: 1-800-482-6700

OTN Now Has Non-DEHP IV Administration Sets in Stock

OTN is proud to announce the introduction of a non-DEHP IV administration set under OTN's own label. This product was formerly sold under the SoloPak label.

This all-inclusive, vented set incorporates non-DEHP tubing with a 0.22 micron filter and is:

✓Easy-to-use

✓Cost-effective

CATALOG NUMBER	ITEM	DROPS/ML	TUBING LENGTH	UNIT SIZE	PRICE/ UNIT
573-600	Primary solution set with Non-DEHP tubing and 0.22 micron filter, vented	20	84"	1 each	$3.95

Service Advantage

SQI at OTN: How the Service Experts Rate Themselves

Our dedication to provide legendary service is backed by an extensive, behind-the-scenes effort to exceed your expectations. In fact, we are so intent on quality that we use a formal Service Quality Index (SQI) to rate our performance. The Index tracks service quality by applying points to each situation where OTN has failed to meet our service commitment. We rate a total of 43 different customer impact areas. Our team—from the Customer Service Representatives in South San Francisco to order packers in our distribution centers—knows about every shortfall, and we take full responsibility for correcting any problem.

Quality

OTN maintains records on service issues for every customer site, each one factored according to its severity. Should a customer experience multiple ser-vice issues in a short period of time, the SQI program will trigger a service review. A service review consists of an evaluation of individual issues for the previous year and an action plan to closely monitor the customer's experience once corrective action is taken. We regard a review as an opportunity to learn how we can prevent a future occurrence.

Convenience

Our SQI approach also means we will take proactive measures to minimize customer inconvenience. For example, if a Federal Express® plane carrying OTN shipments is delayed because of weather or mechanical failure, Federal Express immediately contacts our Customer Service Specialists, whatever the hour, day or night. As a result, we are able to contact you with a status report as early as possible in your work day.

Commitment

Our commitment to service excellence is an important part of why OTN is the leader in delivering oncology drugs and supplies. In fact, we are so committed to providing unparalleled service that we are the only distributor to offer a service guarantee. Our service guarantee provides that your shipments will arrive at the promised time and that your order will be complete and accurate. If we fail to provide your practice with this level of service, we will, upon request, credit your account for $25.00 or donate the money to the American Cancer Society in your practice's name.

*Guarantee does not apply to weather-related delays, manufacturer's back orders and special-ordered items. See terms and conditions in the Sourcebook for more details.

Respond to Today's Healthcare Challenges with Lynx™

ONCOLOGY THERAPEUTICS NETWORK

LYNX FROM OTN

Lynx is the point-of-care drug-dispensing and tracking system developed specifically for office-based oncology practices. This easy-to-use, fully integrated system links ordering, dispensing, tracking, billing, and reporting-ending time, and labor-intensive manual inventory management procedures, while simultaneously capturing treatment information for your practice.

Powerfully Manage Your Information

Lynx's on-site report-generation module allows you to view and print your practice data in a variety of ways — including activity by patient, drug, user, physician, and insurance carrier. The system also makes it simple for you to add patients, run reports on demand, and update drug formulary data on site.

Comprehensive drug utilization and cost reports by diagnosis and regimen, prepared quarterly by OTN, provide critical information for pricing capitated contracts. Annual comparative analysis and benchmarking reports, also provided by OTN, allow you to compare your data with other aggregate regional data. All of the information you enter into Lynx is completely confidential and secure, protecting both patient and practice. Users also have the ability to archive data onto diskette and transfer it into spreadsheet or database programs, such as Microsoft's Excel® or Access®. This feature allows you to store and view your data for a greater period of time than the automatic 45-day storage provided by the Lynx system.

The quarterly report shown below, compiled from Lynx practice data, represents the total cost of cancer and cancer-related drug therapy for patients treated by a practice, broken down by diagnosis and regimen. The report provides powerful information for decision-making in your practice, as well as the data necessary to price capitated contracts in a managed-care environment.

Methodology

Chemotherapy regimens are assigned based on the individual review of the patient drug-utilization data. Drug costs represent OTN catalog prices.

Practice Drug Utilization Report — Total Drug Utilization

	Number of Patients	Percentage of Patients	Number of Patient Regimens	Percentage of Patient Regimens	Total Visits	Total Drug Cost	Chemo Cost	Chemo Percentage	Antiemetic Cost	Antiemetic Percentage	CSF Cost	CSF Percentage	EPO Cost	EPO Percentage	Other Cost	Other Percentage
BREAST CANCER, FEMALE																
AC			25	30%	107	$29,188	$10,208	35%	$8,612	30%	$7,722	26%	$1,842	6%	$803	3%
CAF			15	18%	61	$14,520	$3,788	26%	$3,603	25%	$4,287	30%	$1,974	14%	$867	6%
CMF			17	20%	81	$14,238	$808	6%	$4,142	29%	$6,638	47%	$2,651	19%	$0	0%
CAF (1,8-IV CTX)			3	4%	16	$2,398	$346	14%	$2,052	86%	$0	0%	$0	0%	$0	0%
FAC			6	7%	28	$11,367	$1,941	17%	$2,959	26%	$4,228	37%	$2,162	19%	$85	1%
PACLITAXEL			18	21%	51	$60,760	$57,647	95%	$1,209	2%	$1,638	3%	$0	0%	$267	0%
Total BREAST CANCER, FEMALE	84	29.7%	84	100%	344	$132,471	$74,738	56%	$22,577	17%	$24,506	18%	$8,629	7%	$2,022	2%
COLON CANCER																
5FU-LEVAM (Biweekly)			6	37%	38	$2,364	$1,864	79%	$120	5%	$378	16%	$0	0%	$2	0%
5FU (Weekly)			2	13%	4	$7	$7	100%	$0	0%	$0	0%	$0	0%	$0	0%
5FU-LEUC			8	50%	37	$3,559	$2,527	64%	$1,432	36%	$0	0%	$0	0%	$0	0%
Total COLON CANCER	16	5.7%	16	100%	79	$6,330	$4,398	69%	$1,552	25%	$378	6%	$0	0%	$2	0%
LYMPHOMA, ADULT NON-HODGKIN'S																
CVP			4	37%	16	$2,440	$2,280	93%	$160	7%	$0	0%	$0	0%	$0	0%
CHOP			5	45%	18	$5,892	$2,779	47%	$1,530	26%	$1,512	26%	$0	0%	$71	1%
EAMP			2	18%	26	$5,127	$2,737	53%	$529	10%	$0	0%	$1,861	36%	$0	0%
Total LYMPHOMA, ADULT NON-HODGKIN'S	11	4.0%	11	100%	60	$13,459	$7,788	58%	$2,227	17%	$1,512	11%	$1,861	14%	$71	1%
TOTAL FOR REPORT	111		111		483	$157,260	386,924	57%	$26,356	17%	$26,396	17%	$10,490	7%	$2,093	1%

ONCOLOGY THERAPEUTICS NETWORK

Lynx™ and Vital Oncology
Integrating Patient Care

LYNX FROM OTN

A new interface between Lynx and Vital Oncology (formerly OncoManager Software) makes it possible to integrate the inventory control benefits of Lynx with the clinical management capabilities of Vital Oncology. The combined package provides for a system that ensures charge capture for all office supplies and medications.

Vital Oncology is a clinical software package that addresses many needs in an oncology practice, most importantly the need for clinical management, documentation, and costing information. The chemotherapy flowsheet generator in Vital Oncology allows for the creation of patient-specific treatment plans. On the day of treatment, the software creates the day's chemotherapy orders with complete instructions for all scheduled patients. When a user accesses a patient in Lynx, only the items ordered for the patient on that day appear on the screen, enhancing control while saving staff time.

Vital Oncology software is the disease management division of Transition Systems, Inc. (TSI). TSI provides leading-edge management information technology to hospitals, integrated health networks, physician groups, and other healthcare organizations.

For further information on Lynx or the Lynx-Vital Oncology software interface, contact your OTN sales representative at 1-800-482-6700.

For information on the Vital Oncology software, contact Vital Oncology at 1-800-944-7405.

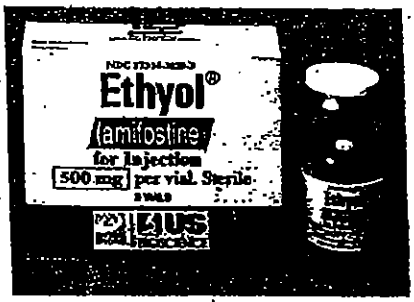
Ethyol® (Amifostine for Injection)
From Alza Pharmaceuticals

alza PHARMACEUTICALS | US BIOSCIENCE

Alza Pharmaceuticals/US Bioscience has replaced refrigerated Ethyol with a crystalline formulation. Prior to reconstitution, Ethyol can now be stored at room temperature.

Ethyol is also mannitol-free and no longer carries the contraindication for mannitol-sensitive patients.

Ethyol is indicated to reduce the cumulative renal toxicity associated with repeated administration of cisplatin in patients with advanced ovarian cancer or non-small-cell lung cancer.



CATALOG NUMBER	NDC	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT	AWP
902-500	17314-7253-03	Ethyol	500mg	1	$299.00	$322.92

For medical questions on Ethyol, please call: 1-800-506-4959.
For reimbursement questions on Ethyol, please call: 1-800-609-1083.

ONCOLOGY THERAPEUTICS NETWORK

Office-Based Oncology Practice
Health and Safety Survey

Please complete the short survey below and tell us about the needs of your practice for health and safety information. To thank you for your time, we will send you a free, continuing education monograph entitled *Safe Handling of Hazardous Drugs*. Once you complete the survey, simply copy this page and FAX it back to OTN at 1-800-800-5673 and we will mail you your copy of the monograph.

Complete the survey and fax to OTN to receive a free monograph

1) A series of articles, entitled *Health and Safety Advice on Handling Oncology Products*, was featured in the first three issues of the *Network News* in 1997:

a. Do you remember seeing these articles? ___Yes ___No

b. If yes, did your read these articles? ___Yes ___No

c. If you read them, did they provide useful information? ___Yes ___No

2) OTN is considering providing additional information concerning health and safety topics of interest to oncology practices. Please circle the level of interest your practice would have in the following topics:

	Not Interested		Somewhat Interested		Very Interested
Complying with OSHA regulations	1	2	3	4	5
Safe handling of oncology drugs	1	2	3	4	5
Reducing red bag waste	1	2	3	4	5
Proper disposal of hazardous materials	1	2	3	4	5
Safe work practices for employees	1	2	3	4	5

Other topics that are of interest to my practice _____

Please send my free monograph to:

Name _____ Title _____

Practice Name _____

Address _____

Address _____

City _____ State _____ Zip _____

Phone _____

Safe Handling of Hazardous Drugs*

Oncology New Concepts (ONC) has developed an educational monograph, *Safe Handling of Hazardous Drugs*, as a continuing education piece for pharmacists and nurses. The publication objectives cover the essential components of occupational safety including written procedures, employee education, proper equipment, documentation of exposure incidents, and practice guidelines associated with the administration of cancer chemotherapy or other hazardous drugs. Pharmacists or nurses who successfully complete the test answer sheet enclosed in the monograph are eligible to receive 1.25 contact hours of continuing education credit in states that recognize the American Council on Pharmaceutical Education (ACPE).

Contact your OTN account representative at 1-800-482-6700 to receive your free copy of *Safe Handling of Hazardous Drugs*.

*Sponsored through an unrestricted educational grant by Bristol-Myers Squibb Company

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BMS/AWP/000095672

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

RESEARCH STUDIES

Pamidronate in the Management of Bone Metastasis

In advanced cancer, bone metastasis and complications are very common, particularly in patients with breast, lung, prostate, and renal cell cancers. In multiple myeloma patients, a majority of patients present with lytic lesions. Bone destruction seen in patients with bony disease is mediated by direct tumor effect on the bone matrix or stimulation of osteoclasts by tumor-mediated cytokines. Bone complications in these patients usually lead to pain, pathologic fractures, vertebral collapse, immobility, and nerve and spinal cord compression. Common treatment for these complications has included fixation surgery, radiation therapy, and aggressive pain management with steroids, narcotics, and non-steroidal anti-inflammatory agents. Bisphosphonates have been the subject of extensive research in the supportive care and potential treatment of bone metastasis due to their ability to inhibit osteoclast activity. The second generation bisphosphonates, pamidronate (Aredia®, Ciba-Geigy) and clodronate (Procter & Gamble), have been investigated in the management of malignant bone disease. Clodronate is not available in the US and will not be discussed here in detail. Etidronate (Didronel,® Procter & Gamble), a first-generation bisphosphonate, is not as effective in the management of bony metastasis as the later agents and causes impairment of bone mineralization at the doses required, and therefore will not be discussed.

Recently, studies have been published examining the role of pamidronate in multiple myeloma and breast cancer patients. In a study by Berenson et al,[1] 377 patients with stage III multiple myeloma and at least one osteolytic lesion were available for evaluation after randomization to either pamidronate 90 mg over 4 hours every 4 weeks or placebo. Of the patients evaluated, 78% completed nine cycles and 41% completed 21 cycles of the study agent. The median duration of time on study for efficacy evaluation, number of cycles completed, chemotherapy regimens at enrollment, and duration of survival follow-up were similar between the two groups. The time to first skeletal event was significantly longer in the pamidronate group versus placebo (P=0.016). There was also a significant decrease in the number of vertebral pathologic fractures in the pamidronate group (P=0.007). In addition, those patients who had failed initial therapy for their disease had statistically significant reductions in radiation treatment for skeletal events when treated with pamidronate rather than placebo (P=0.029). Overall, survival was similar between the two groups based upon a median duration of follow-up of 29 months. Bone pain occurred less in the pamidronate group (P<0.05), while myalgias occurred more frequently in this group (P<0.05).

Hortobagyi et al[2] evaluated the efficacy of pamidronate in 380 women with stage IV breast cancer who were receiving chemotherapy/hormonal therapy and had at least one lytic lesion. The women were randomized to receive either pamidronate 90 mg or placebo monthly. During the study the following parameters were evaluated: skeletal complications including pathologic fractures, the need for radiation to bone or bone surgery, spinal cord compression, hypercalcemia, bone pain, the use of analgesic agents, performance status, and quality of life. The median time to the first skeletal complication was significantly less in the placebo group than the pamidronate group (7.0 vs 13.1 months, P=0.005). Patients in the pamidronate group had decreases in baseline bone pain, whereas the patients in the placebo group had progressive increases in their pain scores. Quality of life scores worsened for both groups from baseline to the end of the study, but the placebo group's scores were significantly worse (P=0.027). There was no difference in survival between the groups. Overall, the pamidronate infusions were well tolerated.

The use of pamidronate in the management of skeletal complications in patients with multiple myeloma, breast cancer, and prostate cancer and as a method of pain management in patients with bone metastasis and associated pain should be considered a key part of treatment guidelines.[3,4] There is significant evidence to support the use of bisphosphonates, specifically pamidronate or clodronate, in multiple myeloma and breast cancer. In multiple myeloma, these agents in combination with standard chemotherapy will result in a significant reduction in skeletal events, pain, and radiographic lytic lesions. In breast cancer patients with existing bone metastasis, pamidronate or clodronate can significantly reduce skeletal events and pain when used alone or in combination with chemotherapy or hormonal therapy. The question of whether these agents may delay the onset of bone metastases in patients with no evidence of bony disease is under investigation. There is strong evidence to support the use of these agents as part of a pain management program in combination with other modalities such as radiation therapy and analgesic agents in patients with bony metastatic disease from a variety of different tumor types, including prostate cancer.

The recommended dose of pamidronate for the management of bony metastases is 90 mg as an IV infusion every 4 weeks. The package insert recommends a 4-hour infusion for osteolytic bone lesions of multiple myeloma and a 2-hour infusion for osteolytic bone metastasis of breast cancer. Pamidronate infusions

Continued on next page

References

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Pamidronate continued from previous page

ranging from 2 to 24 hours have been used in clinical trials, and evidence is accumulating to support the safety of shorter infusions (ie, 60 to 90 minutes).[5-7] Several outpatient centers are using the shorter infusions to accommodate patient schedules and preference.

The question of whether pamidronate is cost-effective in these settings has yet to be determined in a randomized clinical trial. As with many quality of life issues, an acceptable level of cost versus benefit is often unclear and controversial. In combination with other modalities such as local radiation therapy and aggressive pain management, pamidronate provides an excellent adjuvant to the supportive care of patients with bone metastases and may decrease the onset of skeletal complications in patients with metastatic breast cancer and multiple myeloma.

ODAC Recommends FDA Approval of Taxol,® Gemzar,® and Xeloda® for Non-Small-Cell Lung Cancer, Ovarian Cancer, and Breast Cancer

ODAC RECOMMENDATIONS

In March 1998, the Food and Drug Administration's Oncologic Drugs Advisory Committee (ODAC) recommended that the Food and Drug Administration approve paclitaxel (Taxol®, Bristol-Myers Squibb) for the treatment of non-small-cell lung cancer (NSCLC) and advanced ovarian cancer, gemcitabine (Gemzar®, Eli Lilly and Co.) for the treatment of NSCLC, and capecitabine (Xeloda®, Hoffman LaRoche) for the treatment of metastatic breast cancer.

Paclitaxel in combination with cisplatin as first-line treatment for stages III and IV ovarian cancer gained unanimous approval by the committee. The decision was based on randomized phase III trial results presented by Bristol-Myers Squibb comparing paclitaxel-cisplatin with cyclophosphamide-cisplatin. This study showed a significant improvement in survival rates for ovarian cancer patients receiving paclitaxel-cisplatin (median survival, 35.5 months vs 24.2 months; median progression-free survival, 16.6 months vs 13 months). Clinical responses were attained in 62% of the paclitaxel arm and 48% in patients on the cyclophosphamide arm.

The committee also recommended approval for 24-hour administration of paclitaxel 135 mg/m² (P-135/24) followed by cisplatin every three weeks for NCSLC patients who are not candidates for potentially curative surgery and/or radiation therapy. Three phase III trials with paclitaxel-cisplatin showed superior response rates when compared with cisplatin-etoposide (P-135/24; 21% vs 12%), cisplatin-teniposide (P-175/4; 33% vs 21%), and cisplatin alone (p-175/3; 26% vs 17%).

A review of three phase III trial results resulted in a recommendation by the ODAC for approval of gemcitabine-cisplatin for the palliative treatment of stages III and IV NSCLC. Gemcitabine-cisplatin demonstrated higher response rates and survival advantages when compared with cisplatin alone (median response rate, 23.2% vs 6.5%; median survival, 9 months vs 7.5 months), cisplatin-etoposide (median response rate, 33.7% vs 13.6%; median survival, 8.7 months vs 7.0 months), and gemcitabine alone. Patients treated with gemcitabine had a higher incidence of grade III/IV hematologic toxicity; however, the committee felt the efficacy of this drug in combination with cisplatin outweighed its increased toxicity.

Capecitabine, an oral therapy for the treatment of metastatic breast cancer resistant to paclitaxel and anthracycline-based chemotherapy, was recommended for accelerated approval. The drug sponsor presented data from a noncomparative, multicenter trial in 162 breast cancer patients who failed paclitaxel therapy. Of the 135 women with measurable disease, 18.5% responded with a median duration of 154 days. Of the 43 women resistant to therapy with paclitaxel and an anthracycline, the response rate was 25.6% with a median duration of response of 154 days. Adverse effects include diarrhea, stomatitis, and hand-foot syndrome. [Fiore C. Committee recommends FDA approval of three new drugs for cancer treatment. *The Cancer Letter.* 1998;24(12):1-4.]

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

REIMBURSEMENT GUIDELINES

Oral Antiemetics and Medicare Reimbursement Guidelines

Under the Balanced Budget Act of 1997, oral antiemetics given with chemotherapy are now covered under Medicare. The following guidelines must be observed for reimbursement:

1. The agent must be approved by the FDA for use as an antiemetic and must be administered as part of the chemotherapy regimen. The oral antiemetic and chemotherapy must be submitted together for proper payment.
2. The antiemetic regimen must begin within 2 hours of the chemotherapy and may be continued up to 48 hours (2 calendar days) after the administration of the chemotherapy.
3. The oral antiemetic must be given as full replacement for any intravenous antiemetic therapy that would have otherwise been administered at the time of the chemotherapy.

Some of the most commonly used oral antiemetics for chemotherapy-induced nausea and vomiting include the phenothiazines and the serotonin antagonists (Table 1). The phenothiazines are effective acutely in the control of chemotherapy-induced nausea and vomiting from mild to moderately emetogenic chemotherapy drugs. These agents, in combination with dexamethasone, may be useful in the control of nausea and vomiting occurring greater than 48 hours after chemotherapy. Side effects such as drowsiness and dystonic reactions may limit the use of these agents in the ambulatory setting and in elderly patients.

The oral serotonin antagonists are effective in the acute setting in controlling the nausea and vomiting secondary to moderate to highly emetogenic chemotherapy drugs. Oral granisetron proved highly effective in the control of acute high-dose cisplatin-induced emesis, showing response rates similar to those obtained from the IV formulation.[1] By comparison, the efficacy of oral ondansetron for control of acute emesis secondary to highly emetogenic chemotherapy has been disappointing.[2,3] As monotherapy, oral ondansetron clearly is inferior to IV ondansetron in the doses studied;[2] however, the doses of oral ondansetron may not have been adequate for a fair comparison. Scientific evidence[4-11] supports the use of oral serotonin antagonists for the prevention of chemotherapy-induced emesis with moderately emetogenic chemotherapy. Oral granisetron and ondansetron produce similar response rates as the corresponding IV formulations when used for prophylaxis of chemotherapy-induced emesis from moderately emetogenic chemotherapy. Limited data are available to support the equivalency of oral and intravenous dosages of dolasetron.[12]

The efficacy of these agents in the treatment of delayed chemotherapy-induced nausea and vomiting is similar to other classes of agents and is improved with the use of dexamethasone. The side effects of these agents are usually not severe, consisting mainly of headache and diarrhea, occasionally

Table 1. Common Oral Antiemetics for Chemotherapy-Induced Nausea and Vomiting

Agent	Available Strengths	Common Dosage Regimens
Prochlorperazine (Compazine,® SmithKline Beecham; various)	5, 10, 25 mg tabs SR* 10, 15, 30 mg caps	5-10 mg every 6-8 hours or 10 mg SR* every 12 hours
Promethazine (Phenergan,® Wyeth-Ayerst; various)	12.5, 25, 50 mg tabs	12.5-25 mg every 4-6 hours
Trimethobenzamide (Tigan,® SmithKline Beecham; various)	100, 250 mg caps	250 mg every 6-8 hours
Dolasetron (Anzemet,® Hoechst Marion Roussel)	50, 100 mg tabs	100 mg within 1 hour of chemotherapy
Granisetron (Kytril,® SmithKline Beecham)	1 mg tab	1 mg 1 hour prior to chemotherapy, then 1 mg 12 hours later on days of chemotherapy
Ondansetron (Zofran,® GlaxoWellcome)	4, 8 mg tabs	8 mg 30 min prior to chemotherapy, then 8 hours later. May give 8 mg twice daily for 1-2 additional days

*SR=sustained release

Table 2. Relative Emetogenic Potential of Chemotherapy Agents

Very High to High (60-100% incidence of nausea & vomiting)		Moderate (30-60% incidence of nausea & vomiting)	Low (<30% incidence of nausea and vomiting)
Carmustine (BCNU)	Dactinomycin	Doxorubicin	L-Asparaginase
Cisplatin	Ifosfamide	Gemcitabine	Cladribine
Carboplatin	Mechlorethamine	Fluorouracil (>1 gm/m²)	Cytarabine (<250 mg/m²)
Cyclophosphamide (>600 mg/m²)	Streptozocin	Idarubicin	Docetaxel
Cytarabine (>1 gm/m²)	Amifostine	Irinotecan	Etoposide
Dacarbazine	Doxorubicin	Methotrexate (250-1000 mg/m²)	Fludarabine
		Mitoxantrone	Melphalan
		Teniposide	Paclitaxel
		Topotecan	Vincristine
			Vinorelbine

References

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HIGHLY CONFIDENTIAL
BMS/AWP/000095675

Average Wholesale Prices and 1998 HCPCS Codes

The Average Wholesale Prices (AWPs) and HCPCS codes for drugs commonly used in cancer treatment are provided for your use as a reimbursement resource. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1998 Red Book* and the *May 1998 Red Book Update*. For drugs that have multiple manufacturers, the AWP for the product most commonly stocked by OTN is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Sourcebook* for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	FEBRUARY AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Proleukin®					
Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	470.75	J9015	per 22 MIU
Ethyol®					
Amifostine	500 mg	17314-7253-03	322.92	J0207	per 500 mg
Fungizone®					
Amphotericin B Oral Suspension	24 mL	00087-1162-10	26.25	J9999*/J3490*	
Blenoxane®					
Bleomycin sulfate, pwd	15 units	00015-3010-20	304.60	J9040	per 15 units
	30 units	00015-3063-01	609.20	J9040	per 15 units
Paraplatin®					
• Carboplatin, pwd	50 mg	00015-3213-30	96.26	J9045	per 50 mg
•	150 mg	00015-3214-30	288.74	J9045	per 50 mg
•	450 mg	00015-3215-30	866.21	J9045	per 50 mg
BiCNU®					
• Carmustine, pwd w/diluent	100 mg	00015-3012-38	95.73	J9050	per 100 mg
Tagamet®					
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490*	
Platinol®-AQ					
• Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	200.85	J9062	per 50 mg
•	100 mg MDV	00015-3221-22	401.68	J9062	per 50 mg
Leustatin®					
Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	516.00	J9065	per 1 mg
Cytoxan® Lyophilized					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan® Tablets					
• Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	186.45	J8530	25 mg
• Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	342.18	J8530	25 mg
• Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	3,259.08	J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	6.00	J9100	per 100 mg
	100 mg	55390-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	23.06	J9110	per 500 mg
	500 mg	55390-0132-10	25.00	J9110	per 500 mg
	1 g	55390-0133-01	50.00	J9110	per 500 mg
	2 g	55390-0134-01	98.90	J9110	per 500 mg
DTIC-Dome®					
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
DaunoXome®					
• Daunorubicin citrate liposome inj. (1 mg/mL)	50 mg	56146-0301-01	311.50	J9999*/J3490*	per 50 mg
Cerubidine®					
Daunorubicin HCl, pwd	20 mg	55390-0281-10	168.50	J9150	per 10 mg
DDAVP®					
Desmopressin Acetate, sol (4 mcg/mL)	1 mL	00075-2451-01	26.69	J2597	per 4 mcg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	12.00	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.84	J1100	up to 4 mg/mL
Zinecard®					
Dexrazoxane for injection	250 mg	00013-8715-62	152.39	J1190	per 250 mg
	500 mg	00013-8725-89	304.76	J1190	per 250 mg
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	3.60	J3360	up to 5 mg
	50 mg	00364-0825-54	18.15	J3360	up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	7.51	J1200	up to 50 mg
Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV	00364-6531-54	9.00	J1200	up to 50 mg
	50 mg	00641-0376-25	0.69	J1200	up to 50 mg
Taxotere®					
Docetaxel for injection	20 mg	00075-8001-20	270.83	J9170	per 20 mg
	80 mg	00075-8001-80	1,083.26	J9170	per 20 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	FEBRUARY AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Anzemet®					
Dolasetron mesylate, sol (20 mg/mL)	5 mL	00088-1206-3	149.88	J3490*	per 100 mg
Rubex®					
Doxorubicin, pwd	50 mg	00015-3352-22	197.15	J9000	per 10 mg
	100 mg	00015-3353-22	394.29	J9000	per 10 mg
Bedford Laboratories					
Doxorubicin, pwd	10 mg	55390-0231-10	45.08	J9000	per 10 mg
	20 mg	55390-0232-10	90.16	J9000	per 10 mg
	50 mg	55390-0233-01	225.40	J9000	per 10 mg
Doxorubicin, sol (2 mg/mL)	10 mg	55390-0235-10	47.35	J9000	per 10 mg
	20 mg	55390-0236-10	94.70	J9000	per 10 mg
	50 mg	55390-0237-01	236.74	J9000	per 10 mg
	200 mg MDV	55390-0238-01	945.98	J9000	per 10 mg
Adriamycin™					
Doxorubicin, RDF pwd	10 mg	00013-1086-91	48.76	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	243.80	J9000	per 10 mg
	150 mg MDV	00013-1116-83	716.76	J9000	per 10 mg
Doxorubicin, pfs sol (2 mg/mL)	10 mg	00013-1136-91	51.21	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	256.06	J9000	per 10 mg
	75 mg	00013-1176-87	384.09	J9000	per 10 mg
	200 mg MDV	00013-1166-83	1,003.75	J9000	per 10 mg
DOXIL®					
Doxorubicin, HCl liposome inj. (2 mg/mL)	20 mg	61471-0295-12	606.25	J9999*	
Procrit®					
Epoetin alfa	2,000 units/ mL	59676-0302-01	24.00	Q0136*	1,000 units
	3,000 units/ mL	59676-0303-01	36.00	Q0136*	1,000 units
	4,000 units/ mL	59676-0304-01	48.00	Q0136*	1,000 units
	10,000 units/ mL	59676-0310-01	120.00	Q0136*	1,000 units
	20,000 units/ 1 mL MDV	59676-0320-01	240.00	Q0136*	1,000 units
	20,000 units/ 2 mL MDV	59676-0312-01	240.00	Q0136*	1,000 units
VePesid® Capsules					
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	751.60	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 gm MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Etopophos®					
Etoposide phosphate for injection	100 mg	00015-3404-20	124.14	J9999*	per 100 mg
Fludara®					
• Fludarabine phosphate, pwd	50 mg	50419-0511-06	213.30	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	13.25	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen®					
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0530-10	161.30	J1440	per 300 mcg
	480 mcg	55513-0546-10	256.90	J1441	per 480 mcg
Gemzar®					
Gemcitabine HCl	200 mg	00002-7501-01	79.10	J9201	per 200 mg
	1 g	00002-7502-01	395.51	J9201	per 200 mg
Leukine®					
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-33	126.04	J2820	per 50 mcg
	500 mcg	58406-0001-35	252.07	J2820	per 50 mcg
Zoladex®					
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	439.24	J9202	per 3.6 mg
	10.8 mg syringe	00310-0961-30	1,317.74	J9202	per 3.6 mg
Kytril®					
Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	177.40	J1626	per 100 mcg
	4 mL	00029-4152-01	709.60	J1626	per 100 mcg
Ifex®					
• Ifosfamide	1 g	00015-0556-41	129.00	J9208	per 1 g
•	3 g	00015-0557-41	387.00	J9208	per 1 g
Ifex®/Mesnex™					
• Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	2,157.76	J9208/J9209	
• Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,294.59	J9208/J9209	
• Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	892.98	J9208/J9209	
Venoglobulin I					
Immune globulin intravenous, 5% pwd w/IV set	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Venoglobulin S					
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	225.00	J1561	per 500 mg
	5 g	49669-1613-01	450.00	J1561	per 500 mg
	10 g	49669-1614-01	900.00	J1561	per 500 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	FEBRUARY AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Immune globulin intravenous, 10% sol w/IV set	5 g	49669-1622-01	475.00	J1562	per 5 g
	10 g	49669-1623-01	950.00	J1562	per 5 g
	20 g	49669-1624-01	1,900.00	J1562	per 5 g
Immune globulin intravenous, 10% sol w/IV set	1 g	00192-0649-12	75.00	J1561	per 500 mg
	5 g	00192-0649-20	375.00	J1562	per 5 g
	10 g	00192-0649-71	750.00	J1562	per 5 g
	20 g	00192-0649-24	1,500.00	J1562	per 5 g
	1 g	00026-0648-12	90.00		
	5 g	00026-0648-20	450.00		
	10 g	00026-0648-71	900.00		
	20 g	00026-0648-24	1,800.00		
Immune globulin intravenous, 5%-10% w/IV set	2.5 g	52769-0471-72	168.93	J1561 or J1562	
	5 g	52769-0471-75	337.86	J1561 or J1562	
	10 g	52769-0471-80	675.72	J1561 or J1562	
Rho D Immune globulin intravenous	300 mcg	60492-0082-01	306.00	J2790/J2999*	
	1,000 mcg	60492-0024-01	1,020.00	J2790/J2999*	
Intron® A					
• Interferon alfa 2b, solution HSA-free	3 MIU	00085-1184-01	34.93	J9214	per 1 MIU
•	3 MIU PAK	00085-1184-02	34.93	J9214	per 1 MIU
•	5 MIU	00085-1191-01	58.22	J9214	per 1 MIU
•	5 MIU PAK	00085-1191-02	58.22	J9214	per 1 MIU
•	10 MIU	00085-1179-01	116.44	J9214	per 1 MIU
•	10 MIU PAK	00085-1179-02	116.44	J9214	per 1 MIU
•	18 MIU MDV	00085-0953-01	203.47	J9214	per 1 MIU
•	25 MIU MDV	00085-1133-01	291.11	J9214	per 1 MIU
• Interferon alfa 2b, pwd	3 MIU MDV	00085-0647-03	34.93	J9214	per 1 MIU
•	5 MIU MDV	00085-0120-02	58.21	J9214	per 1 MIU
•	10 MIU MDV	00085-0571-02	116.44	J9214	per 1 MIU
•	18 MIU MDV	00085-1110-01	209.58	J9214	per 1 MIU
•	25 MIU MDV	00085-0285-02	291.11	J9214	per 1 MIU
•	50 MIU MDV	00085-0539-01	582.17	J9214	per 1 MIU
Roferon® A					
Interferon alfa 2a, pwd w/3 ml diluent	18 MIU	00004-1993-09	197.56	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-2009-09	34.79	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	6 MIU	00004-2007-09	69.56	J9213	per 3 MIU
Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-2010-09	97.94	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-2011-09	208.56	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2012-09	417.17	J9213	per 3 MIU
Camptosar®					
• Irinotecan HCl injection, CPT-11 (20 mg/mL)	2 mL	00009-7529-02	209.72	J9206	per 20 mg
•	5 mL	00009-7529-01	551.93	J9206	per 20 mg
Leucovorin, pwd	50 mg	55390-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.53	J0640	per 50 mg
	100 mg	55390-0052-10	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	55390-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Lupron®					
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	540.63	J9217	per 7.5 mg
	22.5 mg	00300-3336-01	1,621.89	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	9.85	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	87.84	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	109.66	J2060	per 2 mg
Lorazepam, sol (2 mg/mL), w/ syringe	2 mg	00008-0581-02	10.39	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	5.29	J2150	per 50 mL
Mustargen®					
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.48	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	75.68		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	134.96		
	250 per bottle	00015-0596-46	330.68		
	500 per bottle	00015-0596-45	647.88		
Megace® Oral Suspension					
• Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	126.89		
Alkeran®					
Melphalan hydrochloride, pwd	50 mg	00173-0130-93	325.03	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00173-0045-35	92.77	J8600	2 mg
Mesnex®					
• Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	167.60	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	20 mg	58406-0671-01	5.03	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	55390-0031-10	6.88	J9260	per 50 mg
	100 mg	55390-0032-10	8.75	J9260	per 50 mg
	200 mg	55390-0033-10	17.50	J9260	per 50 mg
	250 mg	55390-0034-10	26.88	J9260	per 50 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	FEBRUARY AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0681-14	4.75	J9260†	per 50 mg
	250 mg	58406-0681-17	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	362.95	J8610	2.5 mg
	36 per bottle	00555-0572-35	139.05	J8610	2.5 mg
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.40	J2765	up to 10 mg
Metoclopramide, pres. free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg
Mutamycin®					
Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg
Novantrone®					
• Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	812.74	J9293	per 5 mg
	25 mg MDV	58406-0640-05	1,015.90	J9293	per 5 mg
	30 mg MDV	58406-0640-07	1,219.10	J9293	per 5 mg
Sandostatin®					
Octreotide Acetate, sol (50 mcg/mL)	50 mcg amp	00078-0180-03	5.27	J9999*/J3490†	
Octreotide Acetate, sol (100 mcg/mL)	100 mcg amp	00078-0181-03	9.54	J9999*/J3490†	
Octreotide Acetate, sol (500 mcg/mL)	500 mcg amp	00078-0182-03	43.62	J9999*/J3490†	
Zofran®					
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	244.43	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	24.45	J2405	per 1 mg
Ondansetron HCl, sol premixed (32 mg/50 ml D5W)	32 mg bag	00173-0461-00	206.41	J2405+	per 1 mg
Neumega®					
Oprelvekin	5 mg	58394-004-01	235.00	J3490†	per 5 mg
TAXOL®					
Paclitaxel, semi-synthetic sol (6mg/ml)	30 mg	00015-3475-30	182.63	J9265	per 30 mg
	100 mg	00015-3476-30	608.76	J9265	per 30 mg
Aredia®					
Pamidronate disodium, pwd	30 mg	00083-2601-04	218.24	J2430	per 30 mg
	60 mg	00083-2606-01	428.97	J2430	per 30 mg
	90 mg	00083-2609-01	621.75	J2430	per 30 mg
Nipent®‡					
Pentostatin, pwd	10 mg	00071-4243-01	1,555.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	13.00	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	94.50		
Zantac®					
Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
Rituxan®‡					
Rituximab	100 mg	50242-050-21	397.50	J3490†/J9999	per 100 mg
Zanosar®					
• Streptozocin, pwd	1 g	00009-0844-01	96.51	J9320	per 1 g
Vumon®					
• Teniposide, 50 mg	5 mL amp	00015-3075-19	181.01	J9999*	per 50 mg
Thioplex®					
Thiotepa, pwd	15 mg	58406-0661-02	90.24	J9340	per 15 mg
Hycamtin®‡					
Topotecan HCl lyoph pwd	4 mg	00007-4201-01	529.30	J9350	per 4 mg
	4 mg, 5s	00007-4201-05	2,646.50	J9350	per 4 mg
Neutrexin®					
Trimetrexate glucuronate, pwd	25 mg, 10s ea.	58178-0020-10	633.60	J3305	per 25 mg
	25 mg, 50s ea.	58178-0020-50	3,037.20	J3305	per 25 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	56.26	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	98.13	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	55390-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/ml)	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
	1 mg	61703-0309-06	31.75	J9370	per 1 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
	2 mg	61703-0309-16	38.25	J9375	per 2 mg
Vincristine, preservative free sol (5 mg/mL)	50 mg	61703-0210-11	7.47	J9380	per 5 mg
	150 mg	61703-0210-31	20.30	J9380	per 5 mg
NAVELBINE®					
Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00173-0656-01	64.71	J9390	per 10 mg
	5 mL	00173-0656-44	323.56	J9390	per 10 mg

• An AWP, HCPCS code or NDC that has changed or been added has been highlighted in color.

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration (HCFA) has not assigned specific codes to these drugs.

† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area. Consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

+ J2405 should be used for all formulations of Zofran.

Available June 15 — the new Summer Sourcebook!
Please refer to it for a current listing of product pricing and information.

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September/October 1998

ONCOLOGY THERAPEUTICS NETWORK

NETWORK NEWS

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS

Route To:

- ☐ Physician
- ☐ Office Manager
- ☐ Oncology Nurse
- ☐ Pharmacist
- ☐ Business Office
- ☐ _____

IN THIS ISSUE

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BP 01138

ONCOLOGY THERAPEUTICS NETWORK

Bolster Your Bottom Line With Early Pay Discounts

It's not news that today's oncology practices exist in an era of decreasing reimbursement. For that reason, business acumen has become as important as clinical expertise in keeping the practice whole. OTN offers a practical means to support long-term financial security, shaving significant dollars off the cost of oncology drugs. Customers who choose to move from Net 75 Days payment terms to one of OTN's early pay options, 1% 30, Net 60 Days or 2% Direct Debit Upon Receipt of Order, earn a 1% or 2% discount, respectively, off their orders. But many office managers question whether their practice is a good candidate for early payment terms.

Assessing Your Fiscal Fitness

An office manager and oncology business consultant, who calls herself a fiscal "conservative," has a basic answer to the question of who should institute 2% Direct Debit terms: any practice that is able to maintain a cash cushion equal to half their average monthly drug purchases. While high growth practices may find this difficult because of an uncertain revenue stream, established practices can usually manage this. A key way to regulate cash flow is by means of an interest-bearing account that automatically transfers funds into a debit account if the balance falls below a pre-defined level. This sweep account provides peace of mind.

Customers who opt for 1% 30, Net 60 Days, terms face a different cash-flow challenge. Although 60 days are available to pay without incurring an additional finance charge, only paying within 30 days earns the 1% discount. This requires cutting a check whenever an invoice is due, usually at least bi-weekly.

Thousands of Dollars in Savings

The chart below can be used to determine the potential savings from early payment discounts. Monthly average purchase amounts are listed in ascending order in the column on the left. The savings from 1% 30 and 2% Direct Debit payment terms are in the corresponding rows to the right.

EARLY PAY SAVINGS POTENTIAL

Average Monthly Drug Purchases	EARLY PAY SAVINGS WITH:			
	1% 30		2% Direct Debit Terms	
	Monthly	Annual	Monthly	Annual
$25,000			$500	$6,000
$50,000			$1,000	$12,000
$75,000			$1,500	$18,000
$100,000			$2,000	$24,000
$125,000			$2,500	$30,000
$150,000			$3,000	$36,000
$175,000			$3,500	$42,000
$200,000			$4,000	$48,000
$250,000			$5,000	$60,000
$300,000			$6,000	$72,000
$400,000			$8,000	$96,000

A New, Real-Time Information Tool

Starting this month, OTN's customers will have the means to access their account to track invoices and credit memos, via OTN-Online. OTN-Online makes it possible to know *before* the debit occurs what has been invoiced and to view actual invoices for an account in real time. Call your OTN account representative to receive an enrollment form for OTN-Online.

Steps to Early Payment Terms

For a step-by-step worksheet and additional information to help you determine if moving to early payment terms is right for your practice, call your OTN account representative at 1-800-482-6700.

ONCOLOGY THERAPEUTICS NETWORK

Now Available

www.otn-online.com

OTN-Online

A New Way to Connect to OTN Member Benefits

Now Available!

- ✓ View complete catalog with practice-specific pricing
- ✓ Review invoices and payments
- ✓ Real-time access to AWPs and HCPCS
- ✓ Hot links to clinical information

Future Benefits

- ✓ Online ordering
- ✓ Compatibility/stability information
- ✓ Material safety data sheets (MSDS)
- ✓ Customized inventory management reports
- ✓ Personalized fax order forms

OTN-Online is for the exclusive use of OTN customers. You will need a password and username assigned by OTN to access OTN-Online. Contact your OTN account representative at 1-800-482-6700 to set up an account.

The Network News is distributed by Oncology Therapeutics Network Corporation.

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Address them to: Stasia Lord, Editor, The Network News; Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405, So. San Francisco, CA 94080.

Printed on recycled paper.

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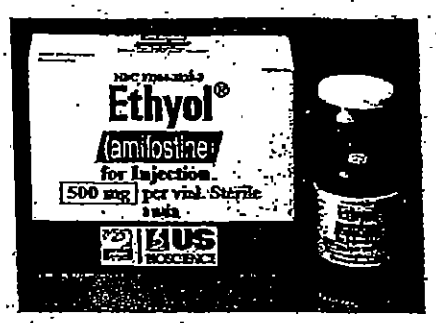
Ethyol® (amifostine for injection)

From Alza Pharmaceuticals

Alza Pharmaceuticals/US Bioscience has replaced refrigerated Ethyol with a crystalline formulation. Prior to reconstitution, Ethyol can be stored at room temperature.

Ethyol is also mannitol-free and no longer carries the contraindication for mannitol-sensitive patients.

Ethyol is indicated to reduce the cumulative renal toxicity associated with repeated administration of cisplatin in patients with advanced ovarian cancer.



CATALOG NUMBER	NDC	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT	AWP
902-500	17314-7253-03	Ethyol	500 mg	1	$299.00	$339.08

For medical questions on Ethyol, please call: 1-800-506-4959.
For reimbursement questions on Ethyol, please call: 1-800-609-1083.

Visit the website! www.alza.com

Novantrone®

(mitoxantrone for injection concentrate)

From Immunex Corporation

Novantrone, in combination with corticosteroids, is indicated for initial cancer chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer.

NOVANTRONE
MITOXANTRONE
For Injection Concentrate

Visit the website!
www.immunex.com

CATALOG NUMBER	NDC	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT*	AWP
902-200	58406-0640-03	Novantrone (2 mg/mL)	20 mg MDV	1	$696.00	$812.74
902-210	58406-0640-05	Novantrone (2 mg/mL)	25 mg MDV	1	$869.50	$1,015.90
902-220	58406-0640-07	Novantrone (2 mg/mL)	30 mg MDV	1	$1,044.00	$1,219.10

Novantrone Product Support:

Novantrone Reimbursement Hotline **1-800-321-4669**
Medical Information **1-800-466-8639**
J Code ..... **J9293 per 5 mg**
ICD-9 Code (HRPC) **185**

*Novantrone is a product in OTN's Price Matching Program.

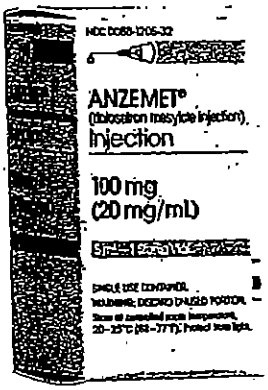
Anzemet®
dolasetron mesylate *injection/tablets*

ONCOLOGY THERAPEUTICS NETWORK

Hoechst Marion Roussel's 5-HT$_3$ Receptor Antagonist

Excellent Efficacy and Safety Profile

- Anzemet Injection is indicated for the prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including high-dose cisplatin.
- Anzemet Tablets are indicated for the prevention of nausea and vomiting associated with moderately emetogenic cancer chemotherapy, including initial and repeat courses.
- Ease of Administration — Anzemet injection can be safely infused intravenously as rapidly as 100 mg/30 seconds or diluted in compatible IV solutions and infused over 15 minutes.



For more information on dosing and administration, please contact your OTN account representative.

Great Value!

CATALOG NUMBER	NDC	BRAND NAME	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT	AWP
900-250	0088-1206-32	Anzemet	dolasetron mesylate	100 mg vial	1	$70.00	$149.88
970-300	0088-1203-05	Anzemet	dolasetron mesylate	100 mg tablets	5	$289.75	$330.00
970-305	0088-1203-29	Anzemet	dolasetron mesylate	100 mg tablets blister pack	5	$289.75	$330.00
970-310	0088-1203-43	Anzemet	dolasetron mesylate	100 mg tablets unit dose	10	$579.50	$660.00

Outstanding Support:

Reimbursement and Patient Assistance Program Hotline 1-888-895-2219

Call the Anzemet Hotline for help with reimbursement and patient assistance programs, Monday through Friday, between 10 a.m. and 6 p.m. ET.

Call OTN today at 1-800-482-6700 to place your order!

Visit the website! www.anzemet.com

ONCOLOGY THERAPEUTICS NETWORK

Schering®

INTRON® A

Interferon Alfa-2b, Recombinant
for Injection

Multidose Pen

NOW AVAILABLE IN A UNIQUE DELIVERY SYSTEM

INTRON® A Multidose Pen	Total Dose and Volume	Indications
3 MIU	18 MIU (6 doses x 3 MIU/0.2 mL)*	Chronic hepatitis C
5 MIU	30 MIU (6 doses x 5 MIU/0.2 mL)*	Chronic hepatitis B, follicular lymphoma
10 MIU	60 MIU (6 doses x 10 MIU/0.2 mL)*	Chronic hepatitis B, malignant melanoma

*Each pen contains 1.5 mL; 0.3 mL extra solution is added to clear air from injection.

INTRON® A (interferon alfa-2b, recombinant) for injection should be stored between 2° and 8°C (36° and 46°F). INTRON® A is stable for up to 2 days at 30°C (86°F).

INTRON A therapy with the multidose pen can provide:

COMFORT
- Small needle size (30 G)
- Lower injection volume (0.2 mL)

CONVENIENCE
- Stores compactly at home and when traveling
- Disposable

ACCURACY
- Less waste
- Fewer dosing mistakes

PREFERENCE
- Preferred by >90% of patients*
- In studies with similar devices prefilled with insulin, therapeutic compliance was maintained for up to 12 months†‡

The Solution is in the Pen INTRON® A Multidose Pens

References

Call OTN today at 1-800-482-6700 to place your order!

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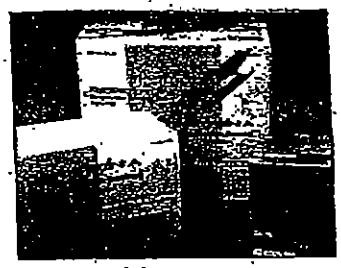
ONCOLOGY THERAPEUTICS NETWORK

Rebetron™

A combination of Rebetol (Ribavirin, USP) Capsules and Intron® A (Interferon alfa-2b, recombinant) indicated for the treatment of chronic hepatitis C in patients who have relapsed following alpha interferon therapy.

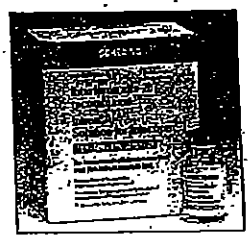


Schering®

CATALOG NUMBER	NDC	BRAND NAME	ITEM	UNIT SIZE	PRICE/ UNIT	AWP
220-300	0085-1241-01	Rebetron	Interferon alpha-2b/Ribavirin 1200/Pak 3	3 MIU/0.5 mL	$645.00	$720.00
220-310	0085-1236-01	Rebetron	Interferon alpha-2b/Ribavirin 1200 MDV	22.8 MIU/3.8 mL; 3 MIU/0.5 mL	$645.00	$720.00
220-320	0085-1241-02	Rebetron	Interferon alpha-2b/Ribavirin 1000/Pak 3	3 MIU/0.5 mL	$584.00	$651.59
220-330	0085-1236-02	Rebetron	Interferon alpha-2b/Ribavirin 1000 MDV	22.8 MIU/3.8 mL; 3 MIU/0.5 mL	$584.00	$651.59
220-340	0085-1241-03	Rebetron	Interferon alpha-2b/Ribavirin 600/Pak 3	3 MIU/0.5 mL	$478.00	$533.64
220-350	0085-1236-03	Rebetron	Interferon alpha-2b/Ribavirin 600 MDV	22.8 MIU/3.8 mL; 3 MIU/0.5 mL	$478.00	$533.64

Intron® A — HSA-Free —and— Original Formulation

(interferon alfa-2b, recombinant)*



Schering®

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	ORDER QTY	PRICE/ UNIT	AWP
HSA-FREE SOLUTION*3							
220-151	0085-1184-01	J9214	Intron A solution	3 MIU/0.5 mL	1	$31.30	$34.93
220-161	0085-1191-01	J9214	Intron A solution	5 MIU/0.5 mL	1	$52.15	$58.21
220-171	0085-1179-01	J9214	Intron A solution	10 MIU/1 mL	1	$104.40	$116.44
220-191	0085-1168-01	J9214	Intron A solution	18 MIU/MDV	1	$187.90	$209.58
220-194	0085-1133-01	J9214	Intron A solution	25 MIU/MDV	1	$261.00	$291.11
HSA-FREE SOLUTION PAKS* (Paks include six vials, six syringes, and six alcohol swabs)							
220-156	0085-1184-02	J9214	Intron A solution, Pak-3	3 MIU	6	$31.30	$34.93
220-166	0085-1191-02	J9214	Intron A solution, Pak-5	5 MIU	6	$52.15	$58.21
220-174	0085-1179-02	J9214	Intron A solution, Pak-10	10 MIU	6	$104.40	$116.44
ORIGINAL FORMULATIONS**							
220-150	0085-0647-03	J9214	Intron A powder	3 MIU/MDV	1	$31.30	$34.93
220-160	0085-0120-02	J9214	Intron A powder	5 MIU/MDV	1	$52.15	$58.21
220-170	0085-0571-02	J9214	Intron A powder	10 MIU/MDV	1	$104.40	$116.44
220-186	0085-1110-01	J9214	Intron A powder	18 MIU/MDV	1	$187.90	$209.58
220-175	0085-0285-02	J9214	Intron A powder	25 MIU/MDV	1	$261.00	$291.11
220-180	0085-0539-01	J9214	Intron A powder	50 MIU/MDV	1	$522.00	$582.17

* HSA-free formulation is recommended for intramuscular, subcutaneous, or intralesional administration. Intron A solutions for injection are not recommended for IV administration.

** Original formulation is recommended for intramuscular, subcutaneous, intralesional, or intravenous administration.

Intron A is a product in OTN's Price Matching Program

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ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

Assisted Suicide

Rebecca S. Finley
Pharm. D., MS
Chair, Department of Pharmacy Practice and Pharmacy Administration
Philadelphia College of Pharmacy, Philadelphia, Pennsylvania

Assisted suicide is one of the most widely debated and emotionally charged issues confronted by health professionals, bioethicists, patient advocacy groups, and legislators in recent history. Attempts to legalize assisted death in the United States date back as far as the early 1900s, but it has been during the past 20 years that the issue has received the most attention. The issue has been heightened by debates in other countries including the Netherlands, Canada, and Australia and efforts in various states within the United States to legalize or decriminalize assisted suicide. Media focus on Dr. Jack Kevorkian and the publication of Derek Humphrey's controversial book, *Final Exit*, which advocates assisted suicide for the terminally ill and provides practical advice on how to carry it out, have helped this debate reach every segment of the US population. In June 1997, the US Supreme Court ruled nine to zero that a person does not have a constitutional right to die with a physician's assistance and accorded individual states the power to determine whether doctors will be allowed to participate in assisted suicide.

In many cases the terms *assisted suicide* and *euthanasia* have been used interchangeably; however, an important distinction exists. In general, assisted suicide refers to situations in which the patient knowingly initiates the request; euthanasia typically refers to the practice of someone else making the decision to end the life of an individual whose medical condition is grave and irreversible. This article focuses on assisted suicide. The practice of assisted suicide presents significant dilemmas for all health care professionals, caregivers, and, especially, patients; it is not as simple as being "for" or "against" assisted suicide. Other essential issues must be considered: What constitutes assisted suicide—withdrawal of life-sustaining medications, or active administration of medications that will undoubtedly hasten death? Who makes the final decision about life? Who must be informed? Can willingness to participate in assisted suicide be used as a term of employment for health professionals? Before discussing these dilemmas, it is useful to address the justifications for and arguments against assisted suicide that place members of society at great odds.

Justification for Assisted Suicide

The most common argument in favor of assisted suicide focuses on the effort to relieve pain and suffering. Almost every individual knows someone who has suffered the intractable pain of cancer or had to endure the progressive debilitation of a terminal illness, such as amyotrophic lateral sclerosis. In many cases, the patient has pleaded and prayed for a hastened end to their suffering, which has evoked strong emotional and empathetic support for the patient's right to decide. Advocates for assisted suicide believe in this principal of patient autonomy—that is, patients are in control of their lives and should have the final vote in medical decisions that affect their lives, as long as they are mentally competent and informed. Many advocates prefer the terminology of *aid in dying*, which allows the patient to choose the timing and method of an inevitable death, over *assisted suicide*, which could be interpreted to apply to any individual regardless of their state of health or emotion.

Advocates also note that criminalization of assisted suicide or lack of an appropriate and compassionate regulatory framework to facilitate it may actually result in more traumatic and premature deaths. Knowing that it is a crime for others to assist them in dying, terminally ill patients may resort to more drastic means (eg, self-inflicted gunshot) while they are still able to act alone. Lack of an appropriate framework also means that many patients may feel compelled to make a decision about ending their life without consulting their physician, family, or clergy, thus foregoing the benefit of valuable support and advice. In these circumstances, a patient's death can be extremely traumatic for the family and friends of the patient.

Arguments Against Assisted Suicide

The strongest opposition to assisted suicide is the Judeo-Christian ethic regarding the sanctity of life. Opposition can also be traced to the writings of Hippocrates, who defined a healer as a person who sought only to heal. Just as some people view assisted suicide as a method to provide relief for suffering, many health professionals, hospice organizations, and patient advocacy groups argue that pain control should be a right. Fundamental to the hospice philosophy is the belief that the end of life is frequently a time of

ONCOLOGY DRUG UPDATES

ONCOLOGY THERAPEUTICS NETWORK

Assisted Suicide *continued from previous page*

contemplation that facilitates a sense of accomplishment and readiness for the hereafter. Effective symptom control and a peaceful environment advocated by hospice promote dignity and personal growth at the end of life.

Many health professionals, including those in the American Medical Association, also emphasize that the timing and manner of death are not easy to predict and are not factors that the courts can or should decide. In regard to patient autonomy, opponents of assisted suicide assert that autonomy is limited to the patients' right to refuse therapeutic measures but does not extend to encompass the right to choose every procedure or treatment. Furthermore, opponents question whether terminally ill patients can make an informed, balanced decision, especially if they are weak, vulnerable, or mentally ill. The concept of the "slippery slope" is also frequently invoked: if assisted suicide is acceptable today for well-informed, mentally competent, terminally ill adults, will this philosophy extend tomorrow to anyone who just wants to "end it all"? For example, since atherosclerosis and the resulting cardiac disease is the leading cause of death in the US adult population, should the availability of assisted suicide be extended to those with dyslipidemias?

Surveys

In both the professional literature and the lay press, surveys are frequently cited that assess health professionals', the general public's and patients' views on assisted suicide and related issues. These surveys have the potential to influence opinions of the public, legislators, the courts, and other health-policy decision makers. It is especially important for health professionals to understand the methodology and limitations of surveys as they contemplate their personal and professional attitudes toward assisted suicide.

First, each of these surveys has used different methodologies and survey instruments, severely limiting comparability across different populations. It must also be understood that the surveys frequently cited have been conducted over many years, and public sentiment has differed based on current events and shifting values. Many of them do not provide information regarding the "nonresponders" so it is impossible to assess these individuals' motives for not participating. Furthermore, surveys have been administered to physicians (oncologists and physicians who routinely care for terminally ill patients as well as those who seldom care for the terminally ill), the general public, and patients with life-threatening illnesses. Although all of these groups are important stakeholders, their attitudes and beliefs may be significantly divergent and influenced by different variables. Some surveys have been conducted through written questionnaires, whereas others have been conducted by telephone or in person. The two latter approaches have sometimes been criticized because of the surveyor's potential to interject personal biases. Many of the surveys have not clearly differentiated assisted suicide from euthanasia, and many have not addressed the respondents' attitude toward and understanding of alternatives, including effective palliative care (i.e., control of the devastating symptoms), making it difficult to assess accurately their relative priorities regarding care decisions.

The perspective of the questioning also differed among the surveys—some focused only on ethical issues, others focused on regulatory issues, and some addressed both. Surveys considering variables such as religion, gender, or personal experience provide valuable insight; however, many of these surveys did not include these measures. Finally, variability in the phrasing of questions, their context, and the type of questioning (yes/no versus Likert scale versus open-ended questions that were interpreted by the surveyor) also have an impact on results.

The published results of the surveys reflect some highly polarized views. Although many cite a majority of the respondents who support assisted suicide, almost all of the surveys showed that at least 25% to 30% of respondents strongly disagreed. In general, although many physicians support the concept of assisted suicide, only a small number is willing to participate or provide the assistance, and even fewer are willing to perform a lethal injection.

Concerns About Assisted Suicide

Both advocates of and opponents to assisted suicide cite issues regarding the practicality of designing, implementing, and monitoring an acceptable framework for this practice. As mentioned previously, a universal definition of assisted suicide does not exist; therefore,

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Assisted Suicide

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someone must decide if it includes withdrawal of life-sustaining medications or failure to administer them initially. Other logical questions are these: Should a surrogate make decisions for an incapable patient? What methods of assisted suicide are permissible? Should more than one medical opinion be obtained? Must families be informed before assisted suicide is enacted? Who defines "critically ill"? Do all health care professionals involved in the patient's care (including the pharmacist who may be dispensing prescription medications used in the process) need to be informed?

Health care professionals and ethicists also point out the difficulty in determining a patient's inability to make informed decisions; the onset of dementia and delirium, which affect cognitive functioning, may be very subtle. Depression, which frequently accompanies serious illness and is often not diagnosed or treated, may also diminish an individual's ability to make a balanced decision. Furthermore, depression and adverse responses to both psychotherapeutic and pharmacotherapeutic interventions in severely ill patients are not well studied. Even for patients who are deemed lucid and competent to make decisions regarding their life, serious consideration must be given to their true understanding of survival statistics regarding their illness. Surveys have shown that many patients are actually seeking more in-depth information regarding probabilities and expectations for "functional survival," but, unfortunately, this information is not readily available.

Other concerns frequently raised include whether assisted suicide services should be reimbursed and whether they will affect life insurance benefits. Although the ethical and religious viewpoints often prevail in public debates regarding assisted suicide, many other concerns warrant serious consideration.

Advocacy for Effective and Compassionate Care

Despite personal feelings about assisted suicide or aid in dying, we must all agree first that every patient is entitled to expert and compassionate palliative care. A common concern is whether patients would opt for assisted suicide if their symptoms were adequately controlled and their quality of life maintained. Even the World Health Organization has recommended to member countries that they not consider legalizing assisted suicide until adequately addressing palliative care. Assessments even in developed countries, including the United States, have demonstrated a lack of physician training in managing symptoms associated with terminal illness, although most experts agree that it is almost always possible to ameliorate symptoms. Much information exists regarding symptom management, but few evidence-based treatment guidelines and algorithms have been made widely available. Many patients lack access to appropriate care; barriers include social and economic issues, which should receive at least as much attention as assisted suicide. It is imperative that individual health care practitioners, health care organizations, health policy decision makers, and patient advocacy groups focus their efforts on ensuring effective and compassionate care for all patients. If pain and other symptoms are not competently managed, it is easy to confuse a lack of compassion with a lack of competence in care.

Undoubtedly, assisted suicide will continue to be a widely debated and emotionally charged issue. Differences in religious beliefs, personal values, ethnic background, and perceptions of the medical and social support systems available to patients with devastating illnesses influence the various arguments both for and against this practice. In the US, a nation that embraces religious, cultural, and political diversity, it is unlikely that this issue will ever be completely resolved. Health professionals can provide the greatest service to patients with terminal illnesses by focusing their efforts and available resources on ensuring access to and improving palliative care medicine.

Suggested Readings

1. American Medical Association, American Nurses Association, American Psychiatric Association, et al. Amicus Brief filed to the U.S. Court of Appeals for the Ninth Circuit regarding State of Washington v. Herbert Glucksberg, MD, et al. October 1996. No. 96-110.
2. Angell M. The Supreme Court and physician-assisted suicide—the ultimate right. *N Engl J Med.* 1997;336:50-53.
3. Coombs BL. The aid-in-dying perspective. *Am J Health Syst Pharm.* 1998;55:547-550.
4. Drickamer MA, Lee MA, Ganzini L. Practical issues in physician-assisted suicide. *Ann Intern Med.* 1997;126:146-151.
5. Foley KM. Competent care for the dying instead of physician-assisted suicide. *N Engl J Med.* 1997;336:54-58.
6. Hamerly JP. Perspectives of the AMA and the NHO. *Am J Health Syst Pharm.* 1998;55:543-547.
7. World Health Organization. Cancer pain relief and palliative care. Geneva, Switzerland: World Health Organization; 1989.

ONCOLOGY THERAPEUTICS NETWORK

FDA APPROVALS

Gemcitabine (Gemzar®, Eli Lilly) Approval for Advanced Non–Small-Cell Lung Cancer

Traditional chemotherapeutic regimens used in the management of advanced non-small-cell lung cancer (NSCLC) have included platinum-based analogs combined with one or more of the following agents: etoposide, vinca alkaloids, ifosfamide, mitomycin, and more recently, paclitaxel. Gemcitabine, a nucleoside analog antimetabolite, has recently received Food and Drug Administration (FDA) approval for first-line treatment of unresectable, locally advanced (stage IIIA or IIIB) or metastatic (stage IV) NSCLC in combination with cisplatin. The rationale supporting the combination of gemcitabine with cisplatin includes the distinct mechanisms of action and nonoverlapping toxicities of these agents. Preclinical data suggest additive or synergistic cytotoxicity resulting from simultaneous or sequential administration of gemcitabine and cisplatin, most likely due to gemcitabine-mediated interference of repair of cisplatin-induced DNA damage.

Numerous noncomparative phase II trials have evaluated the combination of weekly gemcitabine and monthly cisplatin for previously untreated Stage III or IV NSCLC. In the majority of these trials, gemcitabine has been administered on days 1, 8, and 15, and cisplatin on day 1, 2, or 15 of a 28-day cycle. Objective response rates ranging from 38% to 54% have been achieved. Additionally, observed median survival times with combination therapy have compared favorably with those previously reported for standard cisplatin-based regimens. Neutropenia and thrombocytopenia were the most commonly encountered toxicities leading to dose modification or delay.

Favorable results obtained with gemcitabine and cisplatin administration in phase II trials prompted comparison of the combination with single-agent cisplatin or cisplatin plus etoposide. In a randomized phase III trial, 522 NSCLC patients received cisplatin 100 mg/m² on day 1, alone or in combination with gemcitabine 1,000 mg/m² over 30 minutes on days 1, 8, and 15 of each 28-day cycle. Response rates of 26% and 10% were achieved in the cisplatin/gemcitabine and cisplatin groups, respectively. Thirty-nine percent of patients receiving combination therapy survived to 1 year compared with 28% of patients receiving cisplatin alone. Median survival duration and time to disease progression were greater for patients in the cisplatin/gemcitabine treatment group than for patients in the cisplatin group (9.1 and 5.2 mo vs 7.7 and 3.7 mo). Drug-related adverse events necessitated dose modification in 90% of combination patients compared with 16% in cisplatin-only patients.

A second trial comparing gemcitabine/cisplatin with cisplatin/etoposide included 135 patients with previously untreated advanced NSCLC. Treatment consisted of a 21-day regimen of gemcitabine 1,250 mg/m² over 30 minutes on days 1 and 8 and cisplatin 100 mg/m² on day 1. The response rate in the gemcitabine/cisplatin group (33%) was significantly higher than that in the cisplatin/etoposide group (14%). Median time to disease progression was 6.9 and 4.3 months for the gemcitabine/cisplatin group and cisplatin/etoposide group, respectively. A trend toward longer median survival time was noted for patients receiving gemcitabine/cisplatin, although not significantly different from the survival time for patients in the cisplatin/etoposide group (8.7 mo vs 7 mo). Thirteen patients discontinued treatment because of adverse events in the gemcitabine group compared with six patients in the cisplatin/etoposide group.

Favorable response rates achieved with the gemcitabine/cisplatin combination compared with standard cisplatin regimens prompted the FDA to approve this combination as appropriate first-line therapy for advanced NSCLC. Although toxicity with gemcitabine/cisplatin was greater than that observed with single-agent cisplatin or cisplatin/etoposide, the increased efficacy associated with the gemcitabine combination regimen outweighs increased toxicity.

Bibliography

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Bergman AM, Ruiz van Haperen VW, Veerman G, et al. Synergistic interaction between cisplatin and gemcitabine in vitro. *Clin Cancer Res.* 1996;2:521-530.

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Scagliotti LC, Marangolo M, Figoli F, et al. Cisplatin-gemcitabine combination in advanced non-small cell lung cancer: a phase II study. *J Clin Oncol.* 1997;15:297-303.

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

ODAC Recommendations

Recommendations From the Food and Drug Administration's Oncologic Drugs Advisory Committee September 1998 Meeting

The Food and Drug Administration's Oncologic Drugs Advisory Committee (ODAC) meeting was held September 1–3, 1998. ODAC members reviewed data regarding six medications and followed up with several recommendations. The committee recommended approval of valrubicin sterile solution for intravesical installation (Valstar®, Medeva) in the treatment of carcinoma in situ of the urinary bladder in patients refractory to bacille Calmette-Guérin (BCG) therapy and in whom cystectomy is medically contraindicated. Both irinotecan hydrochloride injection (Camptosar®, Pharmacia & Upjohn) for the treatment of metastatic colon or rectal cancer refractory to prior chemotherapy with fluorouracil and porfimer sodium (Photofrin®, QLT Photo Therapeutics) for palliation of late-stage endobronchial non–small-cell lung cancer were recommended for approval. The committee also recommended that metastatic breast cancer be treated with trastuzumab (Herceptin®, Genentech) as first-line therapy in combination with paclitaxel or as second or third-line therapy as a single agent. Finally, tamoxifen citrate (Nolvadex®, Zeneca) was recommended for use in decreasing the likelihood of breast cancer development in high-risk women. The next ODAC meeting is tentatively scheduled for December 14–15, 1998.

Average Wholesale Prices and 1998 HCPCS Codes

The Average Wholesale Prices (AWPs) and HCPCS codes for drugs commonly used in cancer treatment are provided for your use as a reimbursement resource. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1998 Red Book* and the *September 1998 Red Book Update*. For drugs that have multiple manufacturers, the AWP for the product most commonly stocked by OTN is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Sourcebook* for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	SEPTEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Proleukin®					
• Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	501.35	J9015	per 22 MIU
Ethyol®					
• Amifostine	500 mg	17314-7253-03	339.08	J0207	per 500 mg
Fungizone®					
Amphotericin B Oral Suspension	24 mL	00087-1162-10	26.25	J9999*/J3490*	
Blenoxane®					
Bleomycin sulfate, pwd	15 units	00015-3010-20	304.60	J9040	per 15 units
	30 units	00015-3063-01	609.20	J9040	per 15 units
Paraplatin®					
Carboplatin, pwd	50 mg	00015-3213-30	96.26	J9045	per 50 mg
	150 mg	00015-3214-30	288.74	J9045	per 50 mg
	450 mg	00015-3215-30	866.21	J9045	per 50 mg
BiCNU®					
Carmustine, pwd w/diluent	100 mg	00015-3012-38	95.73	J9050	per 100 mg
Tagamet®					
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490*	
Platinol®-AQ					
Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	200.85	J9062	per 50 mg
	100 mg MDV	00015-3221-22	401.68	J9062	per 50 mg
Leustatin®					
Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	516.00	J9065	per 1 mg
Cytoxan® Lyophilized					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan® Tablets					
Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	186.45	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	342.18	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	3,259.08	J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	6.00	J9100	per 100 mg
	100 mg	55390-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	23.06	J9110	per 500 mg
	500 mg	55390-0132-10	25.00	J9110	per 500 mg
	1 g	55390-0133-01	50.00	J9110	per 500 mg
	2 g	55390-0134-01	98.90	J9110	per 500 mg
DTIC-Dome®					
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
DaunoXome®					
Daunorubicin citrate liposome inj. (1 mg/mL)	50 mg	56146-0301-01	311.50	J9999*/J3490*	per 50 mg
Cerubidine®					
Daunorubicin HCl, pwd	20 mg	55390-0281-10	168.50	J9150	per 10 mg
DDAVP®					
Desmopressin Acetate, sol (4 mcg/mL)	1 mL	00075-2451-01	26.69	J2597	per 4 mcg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	12.00	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.84	J1100	up to 4 mg/mL
Zinecard™					
Dexrazoxane for Injection	250 mg	00013-8715-62	152.39	J1190	per 250 mg
	500 mg	00013-8725-89	304.76	J1190	per 250 mg
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	3.60	J3360	up to 5 mg
	50 mg	00364-0825-54	18.15	J3360	up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	7.51	J1200	up to 50 mg
Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV	00364-6531-54	9.00	J1200	up to 50 mg
	50 mg	00641-0376-25	0.74	J1200	up to 50 mg
Taxotere®					
Docetaxel for Injection	20 mg	00075-8001-20	270.83	J9170	per 20 mg
	80 mg	00075-8001-80	1,083.26	J9170	per 20 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	SEPTEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Anzemet® Dolasetron mesylate, sol (20 mg/mL)	5 mL	00088-1206-3	149.88	J3490*	per 100 mg
Rubex® Doxorubicin, pwd	50 mg	00015-3352-22	197.15	J9000	per 10 mg
	100 mg	00015-3353-22	394.29	J9000	per 10 mg
Bedford Laboratories Doxorubicin, pwd	10 mg	55390-0231-10	45.08	J9000	per 10 mg
	20 mg	55390-0232-10	90.16	J9000	per 10 mg
	50 mg	55390-0233-01	225.40	J9000	per 10 mg
Doxorubicin, sol (2 mg/mL)	10 mg	55390-0235-10	47.35	J9000	per 10 mg
	20 mg	55390-0236-10	94.70	J9000	per 10 mg
	50 mg	55390-0237-01	236.74	J9000	per 10 mg
	200 mg MDV	55390-0238-01	945.98	J9000	per 10 mg
Adriamycin™ Doxorubicin, RDF pwd	10 mg	00013-1086-91	48.76	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	243.80	J9000	per 10 mg
	150 mg MDV	00013-1116-83	716.76	J9000	per 10 mg
Doxorubicin, pfs sol (2 mg/mL)	10 mg	00013-1136-91	51.21	J9000	per 10 mg
	20 mg	00013-1146-94	102.43	J9000	per 10 mg
	50 mg	00013-1156-79	256.06	J9000	per 10 mg
	75 mg	00013-1176-87	384.09	J9000	per 10 mg
	200 mg MDV	00013-1166-83	1,003.75	J9000	per 10 mg
DOXIL® • Doxorubicin, HCl liposome inj. (2mg/mL)	20 mg	61471-0295-12	656.25	J9999*	
Procrit® Epoetin alfa	2,000 units/ mL	59676-0302-01	24.00	Q0136*	1,000 units
	3,000 units/ mL	59676-0303-01	36.00	Q0136*	1,000 units
	4,000 units/ mL	59676-0304-01	48.00	Q0136*	1,000 units
	10,000 units/ mL	59676-0310-01	120.00	Q0136*	1,000 units
	20,000 units/ 1 mL MDV	59676-0320-01	240.00	Q0136*	1,000 units
	20,000 units/ 2 mL MDV	59676-0312-01	240.00	Q0136*	1,000 units
VePesid® Capsules Etoposide, capsules, 50 mg	20 per box	00015-3091-45	751.60	J8560	50 mg
VePesid® For Injection Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 gm MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Etopophos® Etoposide phosphate for injection	100 mg	00015-3404-20	124.14	J9999*	per 100 mg
Fludara® • Fludarabine phosphate, pwd	50 mg	50419-0511-06	221.88	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	14.58	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen® G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0530-10	165.30	J1440	per 300 mcg
	480 mcg	55513-0546-10	263.30	J1441	per 480 mcg
Gemzar® • Gemcitabine HCl	200 mg	00002-7501-01	85.43	J9201	per 200 mg
•	1 g	00002-7502-01	427.15	J9201	per 200 mg
Leukine® GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0007-33	126.04	J2820	per 50 mcg
	500 mcg	58406-0001-35	252.07	J2820	per 50 mcg
Zoladex® Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	439.24	J9202	per 3.6 mg
	10.8 mg syringe	00310-0961-30	1,317.74	J9202	per 3.6 mg
Kytril® Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	177.40	J1626	per 100 mcg
	4 mL	00029-4152-01	709.60	J1626	per 100 mcg
Ifex® Ifosfamide	1 g	00015-0556-41	129.00	J9208	per 1 g
	3 g	00015-0557-41	387.00	J9208	per 1 g
Ifex®/Mesnex™ Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	2,157.76	J9208/J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,294.59	J9208/J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	892.98	J9208/J9209	
Venoglobulin I Immune globulin intravenous, 5% pwd w/IV set	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Venoglobulin S Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	225.00	J1561	per 500 mg
	5 g	49669-1613-01	450.00	J1561	per 500 mg
	10 g	49669-1614-01	900.00	J1561	per 500 mg

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	SEPTEMBER AWP/VIAL	'98 HCPCS CODE	BILLING UNITS
Immune globulin intravenous, 10% sol w/IV set	5 g	49669-1622-01	475.00	J1562	per 5 g
	10 g	49669-1623-01	950.00	J1562	per 5 g
	20 g	49669-1624-01	1,900.00	J1562	per 5 g
Immune globulin intravenous, 10% sol w/IV set	1 g	00192-0649-12	75.00	J1561	per 500 mg
	5 g	00192-0649-20	375.00	J1562	per 5 g
	10 g	00192-0649-71	750.00	J1562	per 5 g
	20 g	00192-0649-24	1,500.00	J1562	per 5 g
	1 g	00026-0648-12	90.00		
	5 g	00026-0648-20	450.00		
	10 g	00026-0648-71	900.00		
	20 g	00026-0648-24	1,800.00		
Immune globulin intravenous, 5%-10% w/IV set	2.5 g	52769-0471-72	168.93	J1561 or J1562	
	5 g	52769-0471-75	337.86	J1561 or J1562	
	10 g	52769-0471-80	675.72	J1561 or J1562	
Rho D immune globulin intravenous	300 mcg	60492-0082-01	306.00	J2790*/J9999*	
	1,000 mcg	60492-0024-01	1,020.00	J2790*/J9999*	
Intron® A					
Interferon alfa-2b, solution HSA-free	3 MIU	00085-1184-01	34.93	J9214	per 1 MIU
	3 MIU PAK	00085-1184-02	34.93	J9214	per 1 MIU
	5 MIU	00085-1191-01	58.21	J9214	per 1 MIU
	5 MIU PAK	00085-1191-02	58.21	J9214	per 1 MIU
	10 MIU	00085-1179-01	116.44	J9214	per 1 MIU
	10 MIU PAK	00085-1179-02	116.44	J9214	per 1 MIU
	18 MIU MDV	00085-1168-01	209.58	J9214	per 1 MIU
	25 MIU MDV	00085-1133-01	291.11	J9214	per 1 MIU
Interferon alfa-2b, pwd	3 MIU MDV	00085-0647-03	34.93	J9214	per 1 MIU
	5 MIU MDV	00085-0120-02	58.21	J9214	per 1 MIU
	10 MIU MDV	00085-0571-02	116.44	J9214	per 1 MIU
	18 MIU MDV	00085-1110-01	209.58	J9214	per 1 MIU
	25 MIU MDV	00085-0285-02	291.11	J9214	per 1 MIU
	50 MIU MDV	00085-0539-01	582.17	J9214	per 1 MIU
Roferon® A					
Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	197.56	J9211	per 1 MIU
• Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-2009-09	34.97	J9211	per 1 MIU
• Interferon alfa 2a, sol (6 MIU/mL)	6 MIU	00004-2007-09	69.91	J9211	per 1 MIU
• Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-2010-09	98.44	J9211	per 1 MIU
• Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-2011-09	209.60	J9211	per 1 MIU
• Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2012-09	419.26	J9211	per 1 MIU
Camptosar®					
Irinotecan HCl injection, CPT-11 (20 mg/mL)	2 mL	00009-7529-02	209.72	J9206	per 20 mg
	5 mL	00009-7529-01	551.93	J9206	per 20 mg
Leucovorin; pwd	50 mg	55390-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.53	J0640	per 50 mg
	100 mg	55390-0052-10	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	55390-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Lupron®					
• Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	566.88	J9217	per 7.5 mg
•	22.5 mg	00300-3336-01	1,700.64	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	9.85	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	87.74	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	109.66	J2060	per 2 mg
Lorazepam, sol (2 mg/mL), w/ syringe	2 mg	00008-0581-02	10.39	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	5.29	J2150	per 50 mL
Mustargen®					
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.48	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	75.68		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	134.96		
	250 per bottle	00015-0596-46	330.68		
	500 per bottle	00015-0596-45	647.88		
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	126.89		
Alkeran®					
Melphalan hydrochloride, pwd	50 mg	00173-0130-93	333.28	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00173-0045-35	95.12	J8600	2 mg
Mesnex™					
Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	167.60	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	20 mg	58406-0671-01	5.03	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	55390-0031-10	6.88	J9260	per 50 mg
	100 mg	55390-0032-10	8.75	J9260	per 50 mg
	200 mg	55390-0033-10	17.50	J9260	per 50 mg
	250 mg	55390-0034-10	26.88	J9260	per 50 mg

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